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LICENSE NUMBER: 097400001		CITY OR TOWN	N PITTSFIEI	LD
APPLICATION FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: UNION LUNCH	INC.			
DOING BUSINESS A PATRICK'S PU	В			
ADDRESS 26 BANK ROW				
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE:	01201	
MANAGER: powell,micha TY	PE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LICENSED PREM	ISES:			
ONE FLOOR & CELLAR				
I hereby certify and swear under penaltie				
1. the renewed license will be of	* -	-		
2. the licensee has complied wit			to taxes; and	
3. the premises are now open for	r business (If not expla	in below)		
SIGNED BY Individual, Partne	er or Authorized Corpo	rate Officer		
DATE: TELEPHOI	NE NUMBER:		ER IDENTIFICAT	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head	of the fire depar	rtment for the	above
Please Check Below:		LOCAL LICEN	NSING AUTH	ORITY
APPROVED:		By:		
DISAPPROVED: [ [ (If disapproved explain)				
(11 disappioved expiaiii)				
		-		
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE MO	ONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBE	R: 097400002		CIT	Y OR TOWN	PITTSFIEL	LD.
APPLICATION FO	R RENEWAL:	Annua	ાી	LICE	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME	: POLISH FALCONS	OF AMERIC	CAN NEST	#580		
DOING BUSINESS	S A					
ADDRESS 32 BEL	AIR AVE.					
CITY/TOWN: PIT	CTSFIELD	STATE:	MA 2	ZIP CODE:	01201	
MANAGER: COL	LLINS, JOHN P. TYPE	OF LICENS	SE:Club	(	CATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER	YOUR EMAIL AI	DDRESS		-
DESCRIPTION OF	LICENSED PREMISE	S:				
1ST. FLOOR 2 ROKITCHEN.	OMS, BASEMENT BA	R LOUNGE	STORAGE	RM-UPSTA	IRS HALL BA	AR
I hereby certify and	swear under penalties o	f perjury that	:			
1. the renev	wed license will be of th	e same type f	or the same	premises nov	w licensed;	
	see has complied with a			_	to taxes; and	
3. the prem	ises are now open for b	usiness (If no	t explain be	low)		
SIGNED BY	Individual, Partner o	r Authorized	Corporate (	Officer		
DATE:	TELEPHONE	NUMBER:		EMPLOYE	ER IDENTIFICAT	ION NUMBER:
				(Note: NOT In	ndividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building insp (2) the certificate of li	ector and th	e head of th	ne fire depar	tment for the	above
Please Check Below:			LC	CAL LICEN	SING AUTHO	ORITY
APPROVED:			Ву	:		
DISAPPROVED: (If disapproved exp	Lain)		_			
(II disapproved exp.	······)		_			
			_			
DATE:						
APPLICATION FOR RENE	EWAL MUST BE FILED BY LICI	ENSEES DURING	THE MONTH	OF NOVEMBER (	M.G.L. Ch. 138 \$ 16	5A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 097400003	C.	ITY OR TOWN PITTSFI	ELD
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	BERKSHIRE HILL	S C.C. INC.		
DOING BUSINESS	A			
ADDRESS 500 BEN	EDICT RD			
CITY/TOWN: PITT	TSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER: DAST	ΓOLI, RALPH TYP	E OF LICENSE: Club	CATEGORY	Y: All Alcohol
EMAIL ADDRESS:				
1	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMAIL	L ADDRESS	
DESCRIPTION OF I				
	ENTRANCES/EXIT		HOUSE APPROX 13426 S PPROX 10,782 SQFT NINI	
I hereby certify and s	wear under penalties	of perjury that:		
		* *	me premises now licensed;	
	•		nwealth relating to taxes; an	d
3. the premis	ses are now open for l	business (If not explain	below)	
SIGNED BY	Individual, Partner	or Authorized Corporat	e Officer	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	al Security Number)
Acts of 2004, signed	by the building ins	pector and the head of	ertificate required by Cha f the fire department for t nce required by Chapter 1	he above
Please Check Below:		j	LOCAL LICENSING AUT	HORITY
APPROVED:		1 -	Ву:	
DISAPPROVED:	:)			
(If disapproved expla	.III <i>)</i>			
				<del></del>
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	09/40000/	(	LITY OR TOWN PITTSFIE	LD
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME:	O'BAGEL'S CAFÉ, INC	<b>C.</b>		
DOING BUSINESS A	A FRIENDS GRILLE &	CATERING		
ADDRESS 117 SEYN	MOUR STREET			
CITY/TOWN: PITT	SFIELD S	STATE: MA	ZIP CODE: 01201	
MANAGER: TIER	NEY, JUDITH TYPE O	F LICENSE: Resta	nurant CATEGORY	: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WEBSITE	E AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISES:			
ONE FLOOR STORA	AGE IN CELLAR.			
I hereby certify and sv	vear under penalties of p	erjury that:		
		• 1	ame premises now licensed;	
	=		onwealth relating to taxes; and	
3. the premise	es are now open for busi	ness (If not explain	n below)	
CICNED DV				
SIGNED BY	Individual, Partner or A	authorized Corpora	ate Officer	
DATE:	TELEPHONE N	UMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
			(Note: NOT Individual Social	Security Number)
We the undersioned	attest that we are in n	ossession (1) the (	certificate required by Chap	ster 304 of the
			of the fire department for th	
named license and (2 of 2010.	2) the certificate of liqu	or liability insura	nnce required by Chapter 11	6 of the Acts
01 2010.				
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED: DISAPPROVED:			By:	
(If disapproved explai	 n)			
,	,			
DATE:				



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LICENSE NUMBER: 097400008		CITY OR TOWN	PITTSFIEL	LD .
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
	CLASS			YEAR
LICENSEE NAME: IMPERIAL BOWI DOING BUSINESS A ADDRESS 555 DALTON AVENUE	, INC			
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE:	01201	
MANAGER: IRELAND,ROBERT TYI B.	PE OF LICENSE: Res	staurant Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EN	MAIL ADDRESS		-
DESCRIPTION OF LICENSED PREMIS SINGLE STORY BOWLING CENTER- TO BAR AREA		WITH TH REE EN	TRANCES/E	EXITS
<ol> <li>the renewed license will be of</li> <li>the licensee has complied with</li> <li>the premises are now open for</li> </ol>	all laws of the Comm	nonwealth relating to		
SIGNED BY Individual, Partner	or Authorized Corpo	orate Officer		
DATE: TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	l of the fire departı	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 097400009		CITY OR TOWN	PITTSFIEI	LD
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
	S A BACK NINE BA	AR & GRILL			
ADDRESS 303 CR					
CITY/TOWN: PIT	TTSFIELD	STATE: MA	ZIP CODE:	01201	
MANAGER: ULI	ASZ,BRIAN C. TY	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	R EMAIL ADDRESS		
	FLICENSED PREMI CHEN OFFICE REC.		LOOR BAR LOUNC	GE SUNDECK	DINING
<ol> <li>the renev</li> <li>the licen</li> </ol>	swear under penalties wed license will be of see has complied with isses are now open for	the same type for to all laws of the Co	mmonwealth relating		
SIGNED BY	Individual, Partne	r or Authorized Co	rporate Officer		
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are ed by the building in (2) the certificate of	spector and the ho	ead of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 097400010		CITY OR TOWN	PITTSFIEL	LD
APPLICATION FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: Wing Wah Garden	n Corp			
DOING BUSINESS A DEBBIE WONG	G RESTAURANT			
ADDRESS 315 DALTON AVE.				
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE:	01201	
MANAGER: Xie, Lt Hua TY	PE OF LICENSE: Rest	aurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREM	ISES:			
ONE FLOOR-FIVE ROOMS, STORAG	E IN CELLAR.			
I hereby certify and swear under penaltie	es of perjury that:			
1. the renewed license will be of	f the same type for the s	same premises now	v licensed;	
2. the licensee has complied wit		_	to taxes; and	
3. the premises are now open fo	r business (If not explai	in below)		
SIGNED BY Individual, Partne	er or Authorized Corpor	rate Officer		
,	•			
DATE: TELEPHOL	NE NUMBER:	EMPLOYE	R IDENTIFICAT	TON NUMBER:
TEELITO	VE IVONIDEK.	(Note: NOT In	dividual Social S	ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head	of the fire depart	ment for the	above
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(II disappioved explain)				
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE MC	NTH OF NOVEMBER (N	M.G.L. Ch. 138 \$ 16	5A)



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LICENSE NU	MBER: 097400011		CITY OR TOWN PITTSFIE	ELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: ELEVENTH PIN I NESS A 5 DALTON AVE.	REST., INC.		
CITY/TOWN:	PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER:	GILLETTE, JULES TYI M.	PE OF LICENSE: Res	ctaurant CATEGORY	: All Alcohol
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMIS	SES:		
ONE STORY,	DINING ROOM, BAR, K	ITCHEN, 2 SUPPLY	ROOMS.	
I hereby certify	y and swear under penalties	of perjury that:		
1. the	renewed license will be of	the same type for the	same premises now licensed;	
2. the	licensee has complied with	all laws of the Comn	nonwealth relating to taxes; and	l
3. the	premises are now open for	business (If not expla	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the building in	spector and the head	e certificate required by Chap I of the fire department for th rance required by Chapter 11	e above
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED BY L	ICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0974	00012	CITY OR TOWN	N PITTSFIELD
APPLICATION FOR REN	EWAL: Annu	ial LICE	NSED FOR 2013
	CLA	SS	YEAR
LICENSEE NAME: A-J DOING BUSINESS A FR	ESCO'S RESTAURANT		
ADDRESS 37 NORTH ST	REET		
CITY/TOWN: PITTSFIE	LD STATE:	MA ZIP CODE:	01201
MANAGER: CREA, DIA	ANA TYPE OF LICEN	SE:Restaurant	CATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE	ALSO VISIT OUR WEBSITE AND ENTER	R YOUR EMAIL ADDRESS	
	ISED PREMISES: JRANT W/ 75 SEATING C RONT ENTRANCE/EXITS.		OM, KITCHEN,
<ol> <li>the renewed lice</li> <li>the licensee has</li> </ol>	ander penalties of perjury that ense will be of the same type complied with all laws of the now open for business (If n	for the same premises no e Commonwealth relating	
SIGNED BY Indi	vidual, Partner or Authorized	d Corporate Officer	
DATE:	TELEPHONE NUMBER:		ER IDENTIFICATION NUMBER:
Acts of 2004, signed by the	st that we are in possession ne building inspector and to e certificate of liquor liabili	he head of the fire depar	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICEN By:	NSING AUTHORITY



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400013		CITY OR TOWN PITTSFIELD	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: ELBOW ROOM, INC	C., THE		
DOING BUSINESS A			
ADDRESS 881 DALTON AVE.			
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER: MENDEL, BRUCE TYPE	OF LICENSE: Resi	taurant CATEGORY: All Alcoho	1
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREMISE ONE FLOOR, ONE ROOM, STORAGE IN I hereby certify and swear under penalties of 1. the renewed license will be of the 2. the licensee has complied with al 3. the premises are now open for bu  SIGNED BY Individual, Partner or	S:  N CELLAR.  If perjury that:  e same type for the sell laws of the Communications (If not explain	same premises now licensed; nonwealth relating to taxes; and nin below)	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the building inspe	ector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:	
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400014		CITY OR TOWN PITTSFIE	ELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: THREE MOONS	RISING, INC		
DOING BUSINESS A MISTY MOON	LIGHT DINER		
ADDRESS 565 DALTON AVENUE			
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER: MORSE,BONNIE J. TY	PE OF LICENSE: Res	taurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREM			
2,600 SQ. FT. RESTAURANT DINER FOUNTAIN.FRONT ENTRANCES,BA			ES,
I hereby certify and swear under penaltic	es of perjury that:		-
1. the renewed license will be o	f the same type for the	same premises now licensed;	
2. the licensee has complied wit	h all laws of the Comm	nonwealth relating to taxes; and	l
3. the premises are now open for	r business (If not expla	in below)	
SIGNED BY Individual, Partne	er or Authorized Corpo	rate Officer	
D A TEL			
DATE: TELEPHOI	NE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social	Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head	of the fire department for th	e above
Please Check Below:		LOCAL LICENSING AUTH	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved expialit)			
DATE:			



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LICENSE NUMBER: 097400016		CITY OR TOWN PITTSFIE	LD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: PITTSFIELD HON DOING BUSINESS A ADDRESS 751 EAST	ME PLATE INC.		
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER: BELLAND, DAVID TYP V.	PE OF LICENSE: Res	taurant CATEGORY:	: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREMIS 2 STORIES, STORAGE IN BASEMENT I hereby certify and swear under penalties		IAIL ADDRESS	
1. the renewed license will be of	the same type for the	same premises now licensed;	
<ul><li>2. the licensee has complied with</li><li>3. the premises are now open for</li></ul>		· ·	
SIGNED BY Individual, Partner	or Authorized Corpor	rate Officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
		(Note: NOT Individual Social	Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	pector and the head	of the fire department for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	IORITY



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LICENSE NUMBE	R: 09/400018		CITY OR TOWN PITTSFIELD	LD
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
DOING BUSINESS		TAURANT INC.		
ADDRESS 1264 EA				
CITY/TOWN: PIT	TSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER: ELL	IS, THOMAS E. TYPE	E OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:			
2 STORY BLDG. D	PLEASE ALSO VISIT OUR WEB LICENSED PREMISE DINING AREA. 12X24 swear under penalties of	ES:	MAIL ADDRESS	
1. the renev	ved license will be of th	e same type for the	same premises now licensed;	
	see has complied with a ises are now open for b		nonwealth relating to taxes; and ain below)	
SIGNED BY	Individual, Partner of	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICAT	
Acts of 2004, signe	ed by the building insp	ector and the head	e certificate required by Chapt I of the fire department for the rance required by Chapter 116	above
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl	ain)		LOCAL LICENSING AUTHORS	ORITY
DATE:				



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LICENSE NU	MBER: 097400019		CITY OR TOWN PITTSF	IELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N.	AME: MELISSA DRUM	IM-SWEENER		
DOING BUSI	NESS A CHAMELEON'S	S		
ADDRESS 13	50 EAST ST.			
CITY/TOWN:	: PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER:	DRUMM- TY SWEENER,MELISS A	PE OF LICENSE: Res	taurant CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	N OF LICENSED PREMI			
ONE FLOOR	DINER, 2 DINING ROOF	MS, BATH KITCHEN	HALL, CELLAR FOR STO	RAGE.
I hereby certify	y and swear under penaltie	s of perjury that:		
1. the	renewed license will be of	f the same type for the	same premises now licensed;	
2. the	licensee has complied wit	h all laws of the Comm	nonwealth relating to taxes; ar	nd
	premises are now open for		•	
	F			
SIGNED BY	Individual Partne	er or Authorized Corpo	rate Officer	
	marviadai, i artiic	To Fundionzed Corpo.	rate officer	
DATE:	TELEBUON	ALE MUMBER	EMPLOYER IDENTIFIC	CATION NUMBED:
<i>51112.</i>	TELEPHO	NE NUMBER:	(Note: NOT Individual Soci	
				•
Acts of 2004,	signed by the building in	spector and the head	certificate required by Cha of the fire department for t rance required by Chapter	the above
Please Check Bel	ow:		LOCAL LICENSING AUT	ΓHORITY
APPROVED:			By:	
DISAPPROV	·			
(If disapprove	d explain)			
DATE:				
DAIE.				



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APPLICATION FOR RENEWAL:  CLASS  CLASS  YEAR  LICENSEE NAME: TEO'S HOT DOGS, INC.  DOING BUSINESS A  ADDRESS 1410 EAST ST.  CITY/TOWN: PITTSFIELD  MANAGER: DIMASSIMO, TYPE OF LICENSE: Restaurant  CATEGORY: All Ale JOSEPH A.  EMAIL ADDRESS:  PLASE ALSO VISIT OUR WEISTIF AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  ONE STORY SIX ROOMS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Num Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2004, signed by the building inspector and the	LICENSE NUMBER: 097400020	•	CITY OR TOWN PITTSFIE	LD
LICENSEE NAME: TEO'S HOT DOGS, INC.  DOING BUSINESS A  ADDRESS 1410 EAST ST.  CITY/TOWN: PITTSFIELD STATE: MA ZIP CODE: 01201  MANAGER: DIMASSIMO, TYPE OF LICENSE: Restaurant CATEGORY: All Alc JOSEPH A.  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  ONE STORY SIX ROOMS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Nu  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY  By:  DISAPPROVED:   DISAPP	APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
DOING BUSINESS A ADDRESS 1410 EAST ST.  CITY/TOWN: PITTSFIELD STATE: MA ZIP CODE: 01201  MANAGER: DIMASSIMO, TYPE OF LICENSE:Restaurant CATEGORY: All Alc JOSEPH A.  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WERSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  ONE STORY SIX ROOMS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Numbers)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above anned license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY  By:  DISAPPROVED:   DISAPPROVED:   DISAPPROVED:		CLASS		YEAR
CITY/TOWN: PITTSFIELD STATE: MA ZIP CODE: 01201  MANAGER: DIMASSIMO, TYPE OF LICENSE: Restaurant CATEGORY: All Alc JOSEPH A.  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  ONE STORY SIX ROOMS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Numbers)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY  APPROVED:	DOING BUSINESS A	GS, INC.		
MANAGER: DIMASSIMO, JOSEPH A.  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  ONE STORY SIX ROOMS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Numbers)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY APPROVED:  By:				
DESCRIPTION OF LICENSED PREMISES:  DESCRIPTION OF LICENSED PREMISES:  ONE STORY SIX ROOMS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Numbers)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY  By:  DISAPPROVED:   By:	CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE: 01201	
DESCRIPTION OF LICENSED PREMISES:  ONE STORY SIX ROOMS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Numbers)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY  APPROVED:		YPE OF LICENSE: Resta	aurant CATEGORY:	All Alcohol
DESCRIPTION OF LICENSED PREMISES:  ONE STORY SIX ROOMS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Numbers)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY  APPROVED:  DISAPPROVED:  DISAPPROVED:	EMAIL ADDRESS:			
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Nu We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY By:  DISAPPROVED:  DISAPPROVED:	DESCRIPTION OF LICENSED PREM		AIL ADDRESS	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Nu  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY  APPROVED:   By:  DISAPPROVED:	•			
3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Nu  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY APPROVED:  By:  DISAPPROVED:		• •	•	
SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Numbers)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY APPROVED:  By:  DISAPPROVED:	•		•	
Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Nu  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below: APPROVED: By: DISAPPROVED: By:	3. the premises are now open i	or business (If not explai	n below)	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.    Please Check Below:		ner or Authorized Corpor	ate Officer	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.    Please Check Below:				
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED:  By:  DISAPPROVED:	DATE: TELEPHO	ONE NUMBER:		
APPROVED: By: DISAPPROVED:	Acts of 2004, signed by the building named license and (2) the certificate	inspector and the head	of the fire department for the	e above
DISAPPROVED:			LOCAL LICENSING AUTH	IORITY
			By:	
(1. disapprovide viip ann)				
	(appro . va vp.mm)			
DATE:	DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)		V I IOENGEEG DYMNYG MYES YO	NEW OF MOVEMBER AND A COLUMN AND A	164)



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LICENSE NU	MBER: 097400021		CITY OR TOWN PI	TSFIELD
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: 99 RESTAU	JRANTS OF BOSTON,L	LC	
DOING BUSI	NESS A 99 RESTA	URANTS & PUBS		
ADDRESS 60	7 MERRILL RD			
CITY/TOWN:	: PITTSFIELD	STATE: MA	ZIP CODE: 01	201
MANAGER:	WASHBURN, CHERRY	TYPE OF LICENSE: R	Restaurant CATEO	GORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	E EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
6500 SQ FT. 0	ONE STORY RESTA	AURANT 2 DINING RM	, LOUNGE KITCHEN.	
I hereby certify	y and swear under pe	enalties of perjury that:		
1. the	renewed license will	l be of the same type for the	he same premises now licer	nsed;
2. the	licensee has complie	ed with all laws of the Cor	nmonwealth relating to tax	es; and
3. the	premises are now or	oen for business (If not ex	plain below)	
SIGNED BY	Individual, l	Partner or Authorized Cor	porate Officer	
DATE:	TELE	PHONE NUMBER:		NTIFICATION NUMBER:
Acts of 2004,	signed by the build	ling inspector and the he	the certificate required by ead of the fire department surance required by Chap	for the above
Please Check Bel	ow:		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FIL	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. O	Ch. 138 \$ 16A)



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LICENSE NU	MBER: 097400025		CITY OR TOWN	TTSFIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSEI	O FOR 2013
		CLASS		YEAR
LICENSEE N DOING BUSI ADDRESS 10		EST., INC., THE		
	: PITTSFIELD	STATE: MA	ZIP CODE: 0	1201
MANAGER:		YPE OF LICENSE:		EGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	MISES:		
2 ROOMS, LO	OUNGE BAR DINING I	ROOM, SERVICE KI	TCHEN SECOND FLOC	OR.
I hereby certify	y and swear under penalt	ies of perjury that:		
1. the	renewed license will be	of the same type for the	ne same premises now lice	ensed;
2. the	licensee has complied w	rith all laws of the Con	nmonwealth relating to ta	xes; and
3. the	premises are now open to	For business (If not ex	plain below)	
SIGNED BY	Individual, Parti	ner or Authorized Cor	porate Officer	
DATE:	TELEPHO	ONE NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
Acts of 2004,	signed by the building	inspector and the he	he certificate required by ad of the fire departmentsurance required by Cha	nt for the above
Please Check Bel	low:		LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
OISAPPROVI (If disapprove				
DATE:				



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LICENSE NUMBER: 097400026		CITY OR TOWN	PITTSFIELD	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013	3
	CLASS		YI	EAR
LICENSEE NAME: Badge Enterprises, LLC DOING BUSINESS A LACH'S LOUNGE, IN				
ADDRESS 129 FENN ST.			0.1.2.0.1	
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE:	01201	
MANAGER: Beattie, Arthur D., Jr TYPE O	F LICENSE: Res	taurant CA	ATEGORY: A	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE	E AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
ONE FLOOR STORAGE IN CELLAR.  I hereby certify and swear under penalties of p	ariury that			
1. the renewed license will be of the sa		same premises now	licensed:	
2. the licensee has complied with all la		=		
3. the premises are now open for busing	ness (If not expla	in below)		
SIGNED BY Individual, Partner or A				
DATE: TELEPHONE NU	UMBER:		IDENTIFICATION  ividual Social Secu	
We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect named license and (2) the certificate of liqu of 2010.	or and the head	of the fire departn	nent for the ab	oove
Please Check Below:		LOCAL LICENS	ING AUTHOR	RITY
APPROVED: DISAPPROVED:		By:		
(If disapproved explain)				
DATE:		-		



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LICENSE NUMBER: 097400027	(	CITY OR TOWN PITTSFIELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: SIDELINE SALO DOING BUSINESS A ADDRESS 434 FENN ST.	ON, LLC	
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE: 01201
MANAGER: ASHER, RICHARD TY R, JR.		
EMAIL ADDRESS:		
DESCRIPTION OF LICENSED PREMI 3 ROOMS ON STREET FLOOR, CELL I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for	AR FOR STORAGE.  s of perjury that: the same type for the s all laws of the Commo	ame premises now licensed; onwealth relating to taxes; and
SIGNED BY Individual, Partner	or Authorized Corpora	ate Officer
DATE: TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building in	spector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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LICENSE NUMBER: 097400028	CITY OR TOWN	PITTSFIELD
APPLICATION FOR RENEWAL: Ann	ual LICEN	SED FOR 2013
CLA	ASS	YEAR
LICENSEE NAME: CIM'S INC.		
DOING BUSINESS A		
ADDRESS 427-42 FENN ST.		
CITY/TOWN: PITTSFIELD STATE:	MA ZIP CODE:	01201
MANAGER: CIMINI, MICHAEL TYPE OF LICE A.	NSE:Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE AND ENTI	R YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:		
TWO ROOMS ON STREET FLOOR, STORAGE IN	CELLAR.	
I hereby certify and swear under penalties of perjury the	at:	
1. the renewed license will be of the same typ	•	
2. the licensee has complied with all laws of t	<u> </u>	o taxes; and
3. the premises are now open for business (If	not explain below)	
SIGNED BY Individual, Partner or Authorize	ed Corporate Officer	
DATE: TELEBRIONE NUMBER	EMPI OVER	R IDENTIFICATION NUMBER:
TELEPHONE NUMBER	•	lividual Social Security Number)
		•
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and		
named license and (2) the certificate of liquor liabi		
of 2010.		-
Please Check Below:	LOCAL LICENS	SING AUTHORITY
APPROVED:	Ву:	
DISAPPROVED:		
(If disapproved explain)		
DATE:		
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURI	NG THE MONTH OF NOVEMBER (M	LG.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 097400029	(	CITY OR TOWN	PITTSFIEL	LD
APPLICATION FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: KLOC RESTAUR	ANT INC.			
DOING BUSINESS A THE RAINBOW	RESTAUTANT			
ADDRESS 109 FIRST ST.				
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE:	01201	
MANAGER: KLOC, KEVIN TYI	PE OF LICENSE: Rest	aurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREMIS	SES:			
FIVE ROOMS STORAGE IN CELLAR.				
I hereby certify and swear under penalties	of perjury that:			
1. the renewed license will be of	the same type for the s	ame premises nov	v licensed;	
2. the licensee has complied with		_	to taxes; and	
3. the premises are now open for	business (If not explain	n below)		
SIGNED BY				
	or Authorized Corpor	ate Officer		
DATE: TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICAT	TON NUMBER:
		(Note: NOT In	dividual Social S	ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of	spector and the head	of the fire depart	ment for the	above
of 2010.				
Please Check Below:		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED BY L	ICENSEES DURING THE MO	NTH OF NOVEMBER (1)	M.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMBER: 097400030		CITY OR TOWN PITTSFIE	LD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: W.A. CURTIS, IN	IC.		
DOING BUSINESS A THE TAVERN			
ADDRESS 238 FOURTH ST.			
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER: CURTIS, TY WILLARD A.	PE OF LICENSE: Res	ctaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMI	ISES:		
ONE ROOM GROUND FLOOR-STOR	AGE IN CELLAR.		
I hereby certify and swear under penaltie	s of perjury that:		
1. the renewed license will be of	f the same type for the	same premises now licensed;	
2. the licensee has complied wit	h all laws of the Comm	nonwealth relating to taxes; and	
3. the premises are now open for	r business (If not expla	nin below)	
SIGNED BY Individual, Partne	r or Authorized Corpo	rate Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that we ar Acts of 2004, signed by the building ir named license and (2) the certificate of of 2010.	spector and the head	l of the fire department for th	e above
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUM	MBER: 097400032		CITY OR TOWN	PITTSFIEL	LD.
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	AME: DBM RANCH, II NESS A HOT DOG RAN LINDEN ST				
	PITTSFIELD	STATE: MA	ZIP CODE:	01201	
		YPE OF LICENSE: Res			All Alcohol
EMAIL ADDR	,				]
LWAIL ADDIN		WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION	N OF LICENSED PREM				
ONE FLOOR S	STORAGE IN CELLAR.				
I hereby certify	and swear under penaltic	es of perjury that:			
1. the	renewed license will be o	f the same type for the	same premises now	licensed;	
	licensee has complied with		ě	taxes; and	
3. the 1	premises are now open for	or business (If not expla	in below)		
SIGNED BY	Individual, Partno	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
Acts of 2004,	rsigned, attest that we an signed by the building it e and (2) the certificate of	nspector and the head	of the fire departs	nent for the	above
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 disappioved	Capiani)				
DATE:					
	DENEWAL MIET DE EH ED DV	LICENSEES DUDING THE M	NITH OF NOVEMBER 24	GI Ch 120 ¢ 17	<u> </u>
AFFLICATION FOR	RENEWAL MUST BE FILED BY	LICENSEES DUKING THE MC	DIVITA OF INOVENIBER (M	CII. 138 \$ 10	na)



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LICENSE NUMB	BER: 097400034		CI	TY OR TOW	N PITTSFIEL	LD.
APPLICATION F	FOR RENEWAL:	Annu	al	LICE	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAM	E: POLISH COMMUN	NITY CLUB (	OF PITTSI	FIELD MA.,II	NC.	
DOING BUSINE	SS A					
ADDRESS 55 LI	NDEN ST.					
CITY/TOWN: P	ITTSFIELD	STATE:	MA	ZIP CODE:	01201	
MANAGER: SI	PENCE, STELLA TYP	E OF LICEN	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRES	SS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL	ADDRESS		-
DESCRIPTION O	OF LICENSED PREMIS	ES:				
1ST. FLOOR BA	R LOUNGE 2ND FLOO	R MEETING	ROOM K	ITCHEN LO	UNGE STORA	GE IN
I hereby certify an	nd swear under penalties	of perjury tha	t:			
	newed license will be of the	• •		-		
	ensee has complied with			_	to taxes; and	
3. the pre	emises are now open for b	ousiness (If no	ot explain b	elow)		
SIGNED BY	Individual, Partner	or Authorized	Corporate	Officer		
DATE:	TELEPHONE	E NUMBER:			ER IDENTIFICAT	
				·		
	ned, attest that we are ined by the building ins					
	nd (2) the certificate of					
Please Check Below:			L	OCAL LICEN	NSING AUTHO	ORITY
APPROVED:			В	y:		
DISAPPROVED:						
(If disapproved ex	spiain)		_			
			<del>-</del>			
DATE:			=			
APPLICATION FOR RE	NEWAL MUST BE FILED BY LIG	CENSEES DURING	– 3 THE MONTI	H OF NOVEMBER	(M.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMBER: 097400036		CITY OR TOWN PITTSF	ELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: ZENNER'S PUB & DOING BUSINESS A ZEN'S PUB	DELI, INC		
ADDRESS 303 TYLER ST			
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER: GIAN, CHARLES J. TYPE	E OF LICENSE: Res	ctaurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
		<del></del>	
I hereby certify and swear under penalties of	of periury that:		<del></del>
1. the renewed license will be of the		same premises now licensed;	
2. the licensee has complied with a	all laws of the Comm	nonwealth relating to taxes; an	d
3. the premises are now open for b	ousiness (If not expla	in below)	
SIGNED BY Individual, Partner of	or Authorized Corne	orate Officer	
21.01.10.01.01.01	71 11 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15		
DATE: TELEPHONE	 E NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
1 222 1161.2		(Note: NOT Individual Socia	al Security Number)
We the undersigned, attest that we are i	n possession (1) the	e certificate required by Cha	pter 304 of the
Acts of 2004, signed by the building insp	ector and the head	l of the fire department for t	he above
named license and (2) the certificate of l of 2010.	iquor hability insu	rance required by Chapter 1	116 of the Acts
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	1101411
DISAPPROVED:			
(If disapproved explain)			
		_	
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 097400037		CITY OR TOWN	PITTSFIELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	JAKELYNN, INC. A HERMAN ALEX			
ADDRESS 24 LYM	IAN ST.			
CITY/TOWN: PIT	TSFIELD	STATE: MA	ZIP CODE:	01201
	OSSJUNG, TYF CHELL	PE OF LICENSE: Re	staurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
	LICENSED PREMIS			
	ITCHEN, BAR, STO			
•	swear under penalties yed license will be of the		sama pramisas nou	ligangad
	see has complied with	• •	•	
	ises are now open for		_	o tanos, and
			•	
SIGNED BY				
	Individual, Partner	or Authorized Corpo	orate Officer	
	Individual, Partner	or Authorized Corpo	orate Officer	
	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:		or Authorized Corpo	EMPLOYE	R IDENTIFICATION NUMBER:
DATE:			EMPLOYE	R IDENTIFICATION NUMBER: lividual Social Security Number)
We the undersigne Acts of 2004, signe	TELEPHON d, attest that we are d by the building ins	E NUMBER: in possession (1) the spector and the head	EMPLOYEI (Note: <u>NOT</u> Inc e certificate requir l of the fire depart	dividual Social Security Number) ed by Chapter 304 of the
We the undersigne Acts of 2004, signe named license and	TELEPHON d, attest that we are d by the building ins	E NUMBER: in possession (1) the spector and the head	EMPLOYEI (Note: <u>NOT</u> Inc.) e certificate requirel of the fire depart rance required by	ed by Chapter 304 of the ment for the above
We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED:	TELEPHON d, attest that we are d by the building ins	E NUMBER: in possession (1) the spector and the head	EMPLOYEI (Note: <u>NOT</u> Inc.) e certificate requirel of the fire depart rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEPHON d, attest that we are d by the building ins (2) the certificate of	E NUMBER: in possession (1) the spector and the head	EMPLOYEI (Note: NOT Inc.) e certificate required of the fire depart rance required by  LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED:	TELEPHON d, attest that we are d by the building ins (2) the certificate of	E NUMBER: in possession (1) the spector and the head	EMPLOYEI (Note: NOT Inc.) e certificate required of the fire depart rance required by  LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEPHON d, attest that we are d by the building ins (2) the certificate of	E NUMBER: in possession (1) the spector and the head	EMPLOYEI (Note: NOT Inc.) e certificate required of the fire depart rance required by  LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 097400038		CITY OR TOWN	PITTSFIELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	CLEP INC. OF PIT	ΓTSFIELD, MA		
DOING BUSINESS	A MADISON REST	ΓAURANT		
ADDRESS 49 MAD	DISON AVE.			
CITY/TOWN: PIT	TSFIELD	STATE: MA	ZIP CODE:	01201
MANAGER: POW EDW	VERS, TYI VARD J.	PE OF LICENSE: Re	staurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR F	MAIL ADDRESS	
	LICENSED PREMIS			
	EE ROOMS, STORA	_	ET ROOM IN CELL	AR.
•	swear under penalties			, liaansadi
	ved license will be of see has complied with		=	
	ises are now open for		•	to taxes, and
	1	` 1		
SIGNED BY				
	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
	d attest that we are	• • (1) (1		
	d by the building ins	spector and the hea	d of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
named license and	d by the building ins	spector and the hea	d of the fire depart urance required by	ment for the above
named license and of 2010.  Please Check Below: APPROVED:	d by the building ins	spector and the hea	d of the fire depart urance required by	ment for the above Chapter 116 of the Acts
named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	d by the building ins (2) the certificate of	spector and the hea	d of the fire depart irance required by LOCAL LICEN	ment for the above Chapter 116 of the Acts
named license and of 2010.  Please Check Below: APPROVED:	d by the building ins (2) the certificate of	spector and the hea	d of the fire depart irance required by LOCAL LICEN	ment for the above Chapter 116 of the Acts
named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	d by the building ins (2) the certificate of	spector and the hea	d of the fire depart irance required by LOCAL LICEN	ment for the above Chapter 116 of the Acts
named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	d by the building ins (2) the certificate of	spector and the hea	d of the fire depart irance required by LOCAL LICEN	ment for the above Chapter 116 of the Acts



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LICENSE NUMBE	R: 097400039		CITY OR TOWN	N PITTSFIEI	LD
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
		LLC E'S MORAL HIGH (	GROUND		
CITY/TOWN: PIT	TTSFIELD	STATE: MA	ZIP CODE:	01201	
MANAGER: Boy	vman, Joad TY	PE OF LICENSE: Re	estaurant (	CATEGORY:	All Alcohol
EMAIL ADDRESS		WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREM	ISES:			
single story restaura	ant approx 1500 sq ft	, main entrance on we	est st		
•	swear under penaltie	1 0 0			
		f the same type for the	-		
	•	h all laws of the Com r business (If not exp	· ·	to taxes; and	
3. the pren	uses are now open to	i business (ii not exp.	iaili below)		
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHOI	NE NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	ed by the building in	e in possession (1) the aspector and the hea of liquor liability inst	d of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	Ll lain)				
(11 disapproved exp	<del></del> )				
DATE:					
APPLICATION FOR RENE	EWAL MUST BE FILED BY	LICENSEES DURING THE M	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 10	6A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400041		CITY OR TOWN	PITTSFIEL	LD.
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
	CLASS			YEAR
LICENSEE NAME: Wendling Enterpri	ses, LLC			
DOING BUSINESS A O' Laughlin's Pub	)			
ADDRESS 342 MERRILL RD.				
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE:	01201	
MANAGER: Wendling, Michael TY	PE OF LICENSE: Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMI REST. 1ST. FLOOR, LIVING QUARTE I hereby certify and swear under penalties  1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for SIGNED BY	ers 2ND FLOOR, ST s of perjury that: the same type for the all laws of the Comm	same premises now monwealth relating to ain below)	licensed;	
DATE: TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TON NUMBER: ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400043	•	CITY OR TOWN PIT	TSFIELD
APPLICATION FOR RENEWAL:	Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: HOME TEXTURES	, INC.		
DOING BUSINESS A JOHHNY'S BEAC	H CLUB		
ADDRESS 87 WAHCONAH STREET			
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE: 012	201
MANAGER: GIARDINA, JOHN TYPE	E OF LICENSE: Rest	aurant CATEO	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB DESCRIPTION OF LICENSED PREMISE		AIL ADDRESS	
I hereby certify and swear under penalties o	of perjury that:		
1. the renewed license will be of th		ame premises now licen	sed;
2. the licensee has complied with a		_	s; and
3. the premises are now open for b	usiness (If not explai	n below)	
SIGNED BY Individual, Partner o	or Authorized Corpor	ate Officer	
DATE: TELEPHONE	NUMBER:		TIFICATION NUMBER:  I Social Security Number)
DATE: TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.	n possession (1) the ector and the head	(Note: <u>NOT</u> Individua certificate required by of the fire department	Social Security Number)  Chapter 304 of the for the above
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li	n possession (1) the ector and the head	(Note: <u>NOT</u> Individua certificate required by of the fire department	Chapter 304 of the for the above ter 116 of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.  Please Check Below:  APPROVED:	n possession (1) the ector and the head	(Note: <u>NOT</u> Individua certificate required by of the fire department ance required by Chap	Chapter 304 of the for the above ter 116 of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	n possession (1) the ector and the head	(Note: NOT Individual certificate required by of the fire department ance required by Chap LOCAL LICENSING	Chapter 304 of the for the above ter 116 of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.  Please Check Below:  APPROVED:	n possession (1) the ector and the head	(Note: NOT Individual certificate required by of the fire department ance required by Chap LOCAL LICENSING	Chapter 304 of the for the above ter 116 of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	n possession (1) the ector and the head	(Note: NOT Individual certificate required by of the fire department ance required by Chap LOCAL LICENSING	Chapter 304 of the for the above ter 116 of the Acts



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LICENSE NU	MBER: 097400044		CITY OR TOWN PITTSFI	ELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N. DOING BUSI	AME: DEL GALLO' NESS A	S REST., INC.		
ADDRESS 39	0 NEWELL			
CITY/TOWN:	: PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER:	DELGALLO, BERTHA	TYPE OF LICENSE: Re	estaurant CATEGORY	Y: All Alcohol
EMAIL ADDI	RESS:			
ONE FLOOR-	PLEASE ALSO VISIT OF N OF LICENSED PRO- STORAGE IN CELLAR y and swear under pena	AR.	EMAIL ADDRESS	
,	•		e same premises now licensed;	
		• •	monwealth relating to taxes; an	d
		n for business (If not exp	· ·	
SIGNED BY	Individual, Pa	urtner or Authorized Corp	oorate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Acts of 2004,	signed by the building	ng inspector and the hea	ne certificate required by Cha nd of the fire department for t urance required by Chapter 1	he above
Please Check Bel APPROVED:			LOCAL LICENSING AUT By:	HORITY
OISAPPROVI (If disapproved)				
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 16A)



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LICENSE NUM	BER: 097400046		CITY OR TOW	N PITTSFIEL	LD
APPLICATION	FOR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAIDOING BUSINEADDRESS 203	ESS A	ERICAN CLUB OF PI	TTSFIELD, INC.		
CITY/TOWN:		STATE: MA	ZIP CODE:	01201	
MANAGER:		ΓΥΡΕ OF LICENSE: C		CATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
MAIN FLOOR- I hereby certify a 1. the re 2. the lie	OF LICENSED PREDANCE HALL, BAR and swear under penal enewed license will be censee has complied v	KITCHEN, STORAG	E IN BASEMENT  te same premises no  nmonwealth relating	ow licensed;	
SIGNED BY	Individual, Part	tner or Authorized Corp	oorate Officer		
DATE:	TELEPH	ONE NUMBER:		YER IDENTIFICAT	
Acts of 2004, si	gned by the building	are in possession (1) t ginspector and the hea e of liquor liability ins	ad of the fire depa	rtment for the	above
Please Check Below APPROVED: [ DISAPPROVEI (If disapproved of	D:		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					
APPLICATION FOR R	RENEWAL MUST BE FILED I	BY LICENSEES DURING THE	MONTH OF NOVEMBER	R (M.G.L. Ch. 138 \$ 16	6A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 097400047		CITY OR TOWN	PITTSFIELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	MARIO, DOLORES A EAST SIDE CAFE WELL ST		NO	
CITY/TOWN: PIT		STATE: MA	ZIP CODE:	01201
	PITANIO, TYPI	E OF LICENSE: Res		ATEGORY: All Alcohol
EMAIL ADDRESS:				
ONE FLOOR-STOP I hereby certify and 1. the renew 2. the license	PLEASE ALSO VISIT OUR WEE LICENSED PREMISI RAGE IN CELLAR swear under penalties of ved license will be of the see has complied with a ises are now open for b	ES: of perjury that: ne same type for the all laws of the Comr	same premises now nonwealth relating t	
SIGNED BY	Individual, Partner o	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
We the undersigne Acts of 2004, signe	ed, attest that we are i	n possession (1) the	(Note: <u>NOT</u> Inc e certificate requir l of the fire depart	lividual Social Security Number) ed by Chapter 304 of the
We the undersigne Acts of 2004, signe named license and	ed, attest that we are i ed by the building insp (2) the certificate of l	n possession (1) the	(Note: <u>NOT</u> Inc e certificate require l of the fire departs rance required by	ed by Chapter 304 of the ment for the above



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 097400049		CITY	OR TOWN	PITTSFIEL	LD.
APPLICATION FO	OR RENEWAL:	Annua	l	LICEN	NSED FOR 20	)13
		CLAS	3			YEAR
LICENSEE NAME DOING BUSINES	S A PAPA JOE'S R		PIZZERIA			
ADDRESS 107 NE		CER 4 EPP		m con E	0.1.00.1	
CITY/TOWN: PI		STATE:		IP CODE:	01201	
MANAGER:	Т	YPE OF LICENS	E:Restaurant	t C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	3:					
	PLEASE ALSO VISIT OUR		OUR EMAIL ADD	ORESS		
DESCRIPTION OF						
FAMILY STYLE  I hereby certify and	RESTAURANT-TA			LS ONLY		
2. the licen	wed license will be a usee has complied w uses are now open f	ith all laws of the	Commonwea	alth relating		
SIGNED BY	Individual, Partr	ner or Authorized	Corporate O	fficer		
DATE:	TELEPHO	ONE NUMBER:	(		R IDENTIFICAT	
Acts of 2004, sign	ed, attest that we a ed by the building I (2) the certificate	inspector and the	head of the	e fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	] 		LOC By:	CAL LICEN	SING AUTHO	ORITY
DATE:			_			



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LICENSE NUMBER	: 097400050		CI	TY OR TOW	N PITTSFIE	LD
APPLICATION FOR	RENEWAL:	Annu	al	LIC	ENSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAME:	TAHITI FOOD SERV	ICE,INC.				
DOING BUSINESS A	A TAHITI TAKEOUT	RESTAUR	RANT & I	OUNGE		
ADDRESS 101-03 W	AHCONAH STREET					
CITY/TOWN: PITT	SFIELD	STATE:	MA	ZIP CODE:	01201	
MANAGER: BUI,C	CHI TYPE	OF LICENS	SE:Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF L	LICENSED PREMISES	<b>S</b> :				
TWO ROOMS, THR	EE ENTRANCES, STO	ORAGE IN	CELLAR			
I hereby certify and sv	wear under penalties of	perjury that	•			
1. the renewe	ed license will be of the	same type	for the san	ne premises n	ow licensed;	
2. the license	e has complied with all	laws of the	Common	wealth relatin	g to taxes; and	
3. the premis	es are now open for bus	siness (If no	t explain	below)		
SIGNED BY						
	Individual, Partner or	Authorized	Corporate	e Officer		
DATE:	TELEPHONE N	NUMBER:			YER IDENTIFICAT	
				(Note: NOT	Individual Social S	Security Number)
We the undersigned	, attest that we are in	possession	(1) the ce	ertificate requ	uired by Chapt	er 304 of the
	by the building inspe					
	2) the certificate of liq	uor liabilit	y insuran	ce required	by Chapter 116	of the Acts
of 2010.						
Please Check Below:					NSING AUTH	ORITY
APPROVED: DISAPPROVED:			I	Ву:		
(If disapproved explain	 in)		_			
(11 disappioved explain	,					
			-			
DATE:			-			
APPLICATION FOR RENEW	AL MUST BE FILED BY LICEN	NSEES DURING	THE MONT	H OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBE	R: 097400051		CITY OR TOWN	PITTSFIELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME DOING BUSINESS	: SOLDIERS INCOR	PORATED		
ADDRESS 1331 N	ORTH ST.			
CITY/TOWN: PIT	TSFIELD	STATE: MA	ZIP CODE:	01201
MANAGER: SOI	LDATO, LYNNE TYPE	E OF LICENSE:Re	staurant CA	ATEGORY: All Alcoho
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISE	ES:		
DINING ROOM, C BASEMENT.	OCKTAIL LOUNGE,	KITCHEN; STOR.	AGE & BANQUET	ROOM IN
I hereby certify and	swear under penalties of	of perjury that:		
1. the renev	wed license will be of th	ne same type for the	e same premises now	licensed;
	see has complied with a		_	taxes; and
3. the prem	nises are now open for b	usiness (If not expl	ain below)	
SIGNED BY	Individual, Partner o	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER lividual Social Security Number
Acts of 2004, signe	ed by the building insp	ector and the hea	d of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved exp	Lain)			
(11 disappioved exp.	······			
D.A.TEL				
DATE:				
APPLICATION FOR RENE	EWAL MUST BE FILED BY LIC	ENSEES DURING THE M	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 09	97400053		CITY OR TO	OWN PITTSFIE	LD
APPLICATION FOR R	ENEWAL:	Annual	Ll	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: S.	AKURA HIBACI	HI STEAKHOUSE	INC.		
DOING BUSINESS A	КОТО				
ADDRESS 795 DALTO	ON AVENUE				
CITY/TOWN: PITTSF	TELD	STATE: MA	ZIP COD	E: 01201	
MANAGER: CHEN,	XUI YING TYI	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LIC 50 X 70 FT. BLDG. W/		SES:			
I hereby certify and swea	ar under penalties	of perjury that:			
•	•	the same type for the	ne same premises	s now licensed;	
2. the licensee h	nas complied with	all laws of the Cor	nmonwealth rela	ting to taxes; and	
3. the premises	are now open for	business (If not ex	plain below)		
SIGNED BY	ndividual Partner	or Authorized Cor	norate Officer		
-	, 1 42 4141				
DATE:	TELEPHON	E NUMBER:	EMPI	OYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: <u>N(</u>	OT Individual Social S	Security Number)
We the undersigned, a	ttest that we are	e in possession (1) i	the certificate re	equired by Chapt	ter 304 of the
Acts of 2004, signed by	y the building ins	spector and the he	ad of the fire de	epartment for the	above
named license and (2) of 2010.	the certificate of	liquor hability in	surance require	d by Chapter 116	of the Acts
Please Check Below:			LOCALLIO	CENSING AUTH	ORITY
APPROVED:			By:	eli (bii (d i i i i i i i i i i i i i i i i i	
DISAPPROVED:			•		
(If disapproved explain)					
DATE:					



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LICENSE NUMBER:	: 097400054		CITY OR	TOWN PITTSFIL	ELD
APPLICATION FOR	RENEWAL:	Annual		LICENSED FOR	2013
		CLASS	S		YEAR
LICENSEE NAME:	B & C BAR & C	GRILL, LLC			
DOING BUSINESS A	A PORTSMITTS	S LAKEWAY RES	TAURANT		
ADDRESS 370 PECH	KS ROAD, UNIT	`1-A			
CITY/TOWN: PITT	SFIELD	STATE:	MA ZIP C	ODE: 01201	
MANAGER: PORT CHRI	ER, T STOPHER	YPE OF LICENSI	E:Restaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUI	R WEBSITE AND ENTER Y	OUR EMAIL ADDRESS		
DESCRIPTION OF L					
TWO LEVEL DININ FRONT SIDEWALL.		LOUNGE, KITCH	HEN, APPROX.	50 SQ. FT. DININ	G ON
I hereby certify and sv	wear under penalt	ies of perjury that:			
1. the renewe	d license will be	of the same type fo	or the same prem	nises now licensed;	
2. the license	e has complied w	rith all laws of the (	Commonwealth	relating to taxes; and	d
3. the premise	es are now open f	for business (If not	explain below)	-	
-					
SIGNED BY					
	Individual, Parti	ner or Authorized (	Corporate Office	er	
DATE:	TELEPHO	ONE NUMBER:		MPLOYER IDENTIFICA	
			(Note	: NOT Individual Social	l Security Number)
We the undersigned Acts of 2004, signed named license and (2010.	by the building	inspector and the	head of the fir	e department for th	ne above
Please Check Below:			LOCAL	LICENSING AUT	HORITY
APPROVED:	$\neg$		By:		
DISAPPROVED:					
(If disapproved explain	11)				
DATE:					



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LICENSE NUM	BER: 097400056		CITY OR TO	OWN PITTSFIEI	LD
APPLICATION	FOR RENEWAL:	Annual	I	ICENSED FOR 20	013
		CLASS	3		YEAR
DOING BUSINE	ME: PURITAN REST., ESS A LANTERN REST NORTH STREET				
CITY/TOWN:	PITTSFIELD	STATE:	MA ZIP COI	DE: 01201	
MANAGER: P	PAPAS, MARK W TYI	PE OF LICENSI	E:Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRE	SS:  PLEASE ALSO VISIT OUR W	ERSITE AND ENTER V	OUR EMAIL ADDRESS		
	OF LICENSED PREMIS DINING ROOM, KITC	SES:			
<ol> <li>the re</li> <li>the lic</li> </ol>	and swear under penalties newed license will be of censee has complied with remises are now open for	the same type for all laws of the C	Commonwealth rel		
SIGNED BY	Individual, Partner	or Authorized C	Corporate Officer		
DATE:	TELEPHON	E NUMBER:		PLOYER IDENTIFICAT	
Acts of 2004, sig	gned, attest that we are gned by the building in and (2) the certificate of	spector and the	head of the fire d	epartment for the	above
Please Check Below APPROVED: DISAPPROVED (If disapproved e	):		LOCAL LI By:	ICENSING AUTH	ORITY
DATE:					
APPLICATION FOR R	ENEWAL MUST BE FILED BY L	ICENSEES DURING	THE MONTH OF NOVEN		6A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 097400059		CITY OR TOW	N PITTSFIEI	LD
APPLICATION FO	R RENEWAL:	Annual CLASS	LICE	NSED FOR 20	
DOING BUSINESS ADDRESS 195 ON		C. CAFÉ			YEAR
CITY/TOWN: PIT		STATE: MA		01201	
	VIN, TYP SISTINE T.	PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WI		EMAIL ADDRESS		
	LICENSED PREMIS				
	ROOMS STORAG I				
<ol> <li>the renew</li> <li>the licens</li> </ol>	swear under penalties yed license will be of see has complied with ses are now open for	the same type for the all laws of the Con	nmonwealth relating		
SIGNED BY	Individual, Partner	or Authorized Corp	porate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	d, attest that we are d by the building ins (2) the certificate of	spector and the he	ad of the fire depar	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)]	ain)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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LICENSE NU	MBER: 097400060		CITY OR TOWN PITTSFIE	LD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N	AME: SPORTSMAN'	S CAFE,INC.		
DOING BUSI	NESS A			
ADDRESS 41	5 PECK'S RD.			
CITY/TOWN	: PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER:	MARSHALL, CORNELIUS O	TYPE OF LICENSE: Re-	staurant CATEGORY:	All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	MISES:		
ONE FLOOR	TWO ROOMS, NO CE	ELLAR.		
I hereby certify	y and swear under penal	Ities of perjury that:		
		* *	same premises now licensed;	
	1		nonwealth relating to taxes; and	
3. the	premises are now open	for business (If not expl	ain below)	
SIGNED BY	Individual Par	tner or Authorized Corpo	orate Officer	
	marviduai, i ai	ther of Authorized Corp.	rate Officer	
DATE:			ENTRY ONED INDENTIFIES	TION NUMBER
DATE.	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
			(1000) 1101 Hidividual Social	security (variable)
	0 ,	_ , ,	e certificate required by Chap	
			d of the fire department for th rance required by Chapter 11	
of 2010.	e unu (2) une cerumeur	o or inquor numiny misu	runce required by Shapter 11	o of the field
Please Check Bel	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROV	ED:		,	
(If disapprove	d explain)			
			-	
DATE				
DATE:			-	
APPLICATION FOR	R RENEWAL MUST BE FILED I	BY LICENSEES DURING THE M	IONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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APPLICATION FOR RENEWAL:		CITY OR TOWN PITTSFIELD	
ALL LICATION FOR KEINEWAL.	Annual	LICENSED FOR 2013	
	CLASS	YE	EAR
LICENSEE NAME: MTM DINING	J,INC		
DOING BUSINESS A MAZZEO'S F	RISTORANTE		
ADDRESS 1015 SOUTH STREET			
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER: MAZZEO,ANTHON Y	TYPE OF LICENSE: Rest	aurant CATEGORY: A	ll Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PRE			
2 STORY WOODEN BLDG WITH S OCCUPYING BOTH FLOORS DIN		ING ROOM AND 2 LOUNGES	
I hereby certify and swear under pena	lties of perjury that:		
1. the renewed license will be	e of the same type for the s	ame premises now licensed;	
2. the licensee has complied	with all laws of the Comm	onwealth relating to taxes; and	
3. the premises are now open	for business (If not explain	n below)	
SIGNED BY			
Individual, Par	stman on Austhonizad Compar	ate Officer	
	tner or Authorized Corpor		
	ther of Authorized Corpor		
	ther of Authorized Corpor		
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION	
DATE: TELEPH			
DATE: TELEPH  We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	IONE NUMBER:  are in possession (1) the g inspector and the head	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secur certificate required by Chapter 3 of the fire department for the abo	rity Number) 304 of the ove
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat	IONE NUMBER:  are in possession (1) the g inspector and the head	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secur certificate required by Chapter 3 of the fire department for the abo	304 of the ove the Acts
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.  Please Check Below: APPROVED:	IONE NUMBER:  are in possession (1) the g inspector and the head	EMPLOYER IDENTIFICATION (Note: <u>NOT</u> Individual Social Security (Note: NOT) Individual Sec	304 of the ove the Acts
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.  Please Check Below: APPROVED: DISAPPROVED:	IONE NUMBER:  are in possession (1) the g inspector and the head	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secur certificate required by Chapter 3 of the fire department for the ab- ance required by Chapter 116 of  LOCAL LICENSING AUTHOR	304 of the ove the Acts
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.  Please Check Below: APPROVED:	IONE NUMBER:  are in possession (1) the g inspector and the head	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secur certificate required by Chapter 3 of the fire department for the ab- ance required by Chapter 116 of  LOCAL LICENSING AUTHOR	304 of the ove the Acts
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.  Please Check Below: APPROVED: DISAPPROVED:	IONE NUMBER:  are in possession (1) the g inspector and the head	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secur certificate required by Chapter 3 of the fire department for the ab- ance required by Chapter 116 of  LOCAL LICENSING AUTHOR	304 of the ove the Acts



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LICENSE NU	MBER: 09/400063		CITY OR TOWN PHITSFIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE N.	AME: COUNTRY CLU	JB OF PITTSFIELD IN	IC .
DOING BUSI	NESS A		
ADDRESS 63	9 SOUTH ST.		
	: PITTSFIELD	STATE: MA	ZIP CODE: 01201
	CAPPADONA, VICTT		
1711 11 11 10 22 11	OR J.		
EMAIL ADDI	RESS:		
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AAIL ADDRESS
DESCRIPTIO	N OF LICENSED PREM	IISES:	
3 FLOORS GI	RILLE DINING ROOM,	PRO SHOP LOCKER	ROOM LOUNGE BASEMENT.
I hereby certify	y and swear under penalti	es of perjury that:	
1. the	renewed license will be o	of the same type for the	same premises now licensed;
2. the	licensee has complied wi	th all laws of the Comn	nonwealth relating to taxes; and
3. the	premises are now open for	or business (If not expla	ain below)
SIGNED BY  DATE:		er or Authorized Corpo	erate Officer  EMPLOYER IDENTIFICATION NUMBER:
	IELEFHO	THE NUMBER.	(Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the building i	nspector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Bel			LOCAL LICENSING AUTHORITY
APPROVED: DISAPPROVI			By:
(If disapprove			
(11 disapprove	a capium)		
DATE:			
APPLICATION FOI	R RENEWAL MUST BE FILED BY	LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 097400065		CITY OR TOWN	PITTSFIELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	PITTSFIELD DWH A DAKOTA RESTA			
ADDRESS 1035 SC	OUTH ST.			
CITY/TOWN: PIT	TSFIELD	STATE: MA	ZIP CODE:	01201
	RTNETT, TYPI JGLAS	E OF LICENSE: Re	staurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS	
	LICENSED PREMIS			
	NG ROOMS & BAR-S		RS.	
	swear under penalties of the control		same premises nou	licensed:
	see has complied with a		=	
	ises are now open for t		•	,
SIGNED BY				
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
SIGNED BY	Individual, Partner of	or Authorized Corpo	orate Officer	
	Individual, Partner o	or Authorized Corpo	orate Officer	
SIGNED BY DATE:	Individual, Partner of TELEPHONE		EMPLOYE	R IDENTIFICATION NUMBER:
			EMPLOYE	R IDENTIFICATION NUMBER: dividual Social Security Number)
DATE:  We the undersigne Acts of 2004, signe	TELEPHONE ed, attest that we are i d by the building insp	E NUMBER: in possession (1) th pector and the head	EMPLOYEI (Note: <u>NOT</u> Inc e certificate requir l of the fire depart	dividual Social Security Number) ed by Chapter 304 of the
DATE:  We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below:	TELEPHONE ed, attest that we are i d by the building insp	E NUMBER: in possession (1) th pector and the head	EMPLOYEI (Note: <u>NOT</u> Inc.) e certificate requirel of the fire depart rance required by	ed by Chapter 304 of the ment for the above
DATE:  We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED:	TELEPHONE ed, attest that we are i d by the building insp	E NUMBER: in possession (1) th pector and the head	EMPLOYEI (Note: <u>NOT</u> Inc.) e certificate requirel of the fire depart rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE:  We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE ed, attest that we are i d by the building insp (2) the certificate of l	E NUMBER: in possession (1) th pector and the head	EMPLOYEI (Note: NOT Inc.) e certificate required of the fire depart rance required by  LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE:  We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED:	TELEPHONE ed, attest that we are i d by the building insp (2) the certificate of l	E NUMBER: in possession (1) th pector and the head	EMPLOYEI (Note: NOT Inc.) e certificate required of the fire depart rance required by  LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE:  We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE ed, attest that we are i d by the building insp (2) the certificate of l	E NUMBER: in possession (1) th pector and the head	EMPLOYEI (Note: NOT Inc.) e certificate required of the fire depart rance required by  LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 097400066		CITY OR TOW	N PITTSFIE	LD
APPLICATION FO	OR RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
	E: ASR GROUP INC S A THE CAFE AT E AN FOX DRIVE		ST ATHLETIC CLU	В	
CITY/TOWN: PI	TTSFIELD	STATE: M	A ZIP CODE:	01201	
MANAGER: RIG A.	CHLEN, CRAIG TYI	'E OF LICENSE:	Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	JR EMAIL ADDRESS		
	F LICENSED PREMIS	SES:			
2ND FLOOR LOU	JNGE I swear under penalties	6			
2. the licer	ewed license will be of nsee has complied with mises are now open for	all laws of the Co	ommonwealth relating		
SIGNED BY	Individual, Partner	or Authorized Co	orporate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICA	
Acts of 2004, sign	ned, attest that we are ned by the building ins d (2) the certificate of	spector and the h	ead of the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	olain)		LOCAL LICES By:	NSING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 097400067	7	CITY OR TOWN PITTSFIELD
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: TAMARA	CK SKI CORPORATION	
DOING BUSINESS A TAMAR	ACK ROOM	
ADDRESS TAMARACK RD.		
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE: 01201
MANAGER: JERVAS, GEORG W.	GE TYPE OF LICENSE: Res	staurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VI	ISIT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS
DESCRIPTION OF LICENSED	PREMISES:	
SPLIT LEVEL ROOM RESTAU ATTACHED. SERVING IN UPI		IN BASEMEN T , ROOM & DECK GE.
I hereby certify and swear under p	penalties of perjury that:	
1. the renewed license w	ill be of the same type for the	same premises now licensed;
2. the licensee has complete	lied with all laws of the Comr	nonwealth relating to taxes; and
3. the premises are now	open for business (If not expla	ain below)
SIGNED BY		
Individual	, Partner or Authorized Corpo	orate Officer
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the buil	lding inspector and the head	e certificate required by Chapter 304 of the I of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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LICENSE NUMBER	:097400068		CITY OR TOWN	1 PITTSFIEL	LD
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	RIELLYGIRL IN	IC.			
DOING BUSINESS	A BABA LOUIE'S	S SOURDOUGH PIZ	ZA		
ADDRESS 34 DEPO	T ST				
CITY/TOWN: PITT	SFIELD	STATE: MA	ZIP CODE:	01201	
MANAGER: MAS	IERO, PAUL TY	YPE OF LICENSE: Re	estaurant (	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF I					
		G A BAR AREA, KIT CING DEPOT STRE		T.	
I hereby certify and s	wear under penalti	es of perjury that:			
1. the renewe	ed license will be o	of the same type for the	e same premises no	w licensed;	
2. the license	e has complied wi	th all laws of the Com	monwealth relating	to taxes; and	
3. the premis	es are now open fo	or business (If not exp	lain below)		
SIGNED BY	Individual Partn	er or Authorized Corp	orate Officer		
	marviduai, i arm	of Authorized Corp	orate Officer		
DATE:	TEL EDITO	NE NUMBER	EMDI OVI	ER IDENTIFICAT	TON NUMBED.
	TELEPHO	NE NUMBER:		ndividual Social S	
					204 84
		re in possession (1) the near the hear			
		of liquor liability inst			
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:			-		
APPLICATION FOR RENEW	AL MUST BE FILED BY	LICENSEES DURING THE M	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 10	6A)



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LICENSE NUMBEI	R: 097400069		CITY OR TOWN	PITTSFIELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	TYLER REST. INC.			
DOING BUSINESS	A TYLER REST. IN	C.		
ADDRESS 796 TYI	LER ST.			
CITY/TOWN: PIT	TSFIELD	STATE: MA	ZIP CODE:	01201
	HARA, TYPE ARLES	E OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISE	ES:		
	RESTAURANT, KIT		AL ROOM ADJOIN	ING, STORAGE
• •	swear under penalties o			
	ved license will be of th		=	
	ee has complied with a		<b>e</b>	taxes; and
3. the premi	ses are now open for b	usiness (If not expl	ain below)	
SIGNED BY				
SIGNED B I	Individual, Partner o	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
	TEEET HOTVE	TOWELL.	(Note: NOT Ind	ividual Social Security Number)
	d, attest that we are in			ed by Chapter 304 of the
				Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	aın)			
DATE:				
APPLICATION FOR RENE	WAL MUST BE FILED BY LIC	ENSEES DURING THE M	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16A)



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LICENSE NUI	MBER: 097400070		CITY OR TOWN	PITTSFIELD
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013	
		CLASS		YEAR
DOING BUSIN	NESS A	LODGE #272 B.P.O.ELF	XS .	
ADDRESS 27				
CITY/TOWN:	PITTSFIELD	STATE: MA	ZIP CODE:	01201
MANAGER:	ANDREWS, BRIAN K.	TYPE OF LICENSE: Clu	ib C.	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
1ST. FLOOR: ROOMS	6 ROOMS	2ND. FLOOR: 4 ROC	OMS 3	RD. FLOOR: 10
I hereby certify	and swear under pen	alties of perjury that:		
1. the	renewed license will b	be of the same type for the	same premises now	licensed;
2. the	licensee has complied	with all laws of the Comr	nonwealth relating t	o taxes; and
3. the	premises are now ope	n for business (If not expla	ain below)	
SIGNED BY				
	Individual, Pa	rtner or Authorized Corpo	orate Officer	
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004,	signed by the buildir	e are in possession (1) the ag inspector and the head te of liquor liability insu	d of the fire depart	
Please Check Belo APPROVED:	OW:			SING AUTHORITY
DISAPPROVED.	ED:		By:	
(If disapproved				
. 11	• /			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED	BY LICENSEES DURING THE M	ONTH OF NOVEMBER (M	1.G.L. Ch. 138 \$ 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J97400072	CITY OR TOWN PITTSFI	ELD
APPLICATION FOR I	RENEWAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME:	ROBERT J. & FAY CASELLA		
DOING BUSINESS A	PARKSIDE REST.		
ADDRESS 220 W. HC	OUSATONIC ST		
CITY/TOWN: PITTS	FIELD STATE: N	MA ZIP CODE: 01201	
MANAGER:	TYPE OF LICENSE	:Restaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PL	EASE ALSO VISIT OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISES:		
• •	ear under penalties of perjury that:		
	l license will be of the same type for	•	A
	s are now open for business (If not	Commonwealth relating to taxes; and	u
3. the premise.	s are now open for business (if not	explain ociow)	
SIGNED BY			
	Individual, Partner or Authorized C	Corporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
		(Note: NOT Individual Social	l Security Number)
We the undersigned,	attest that we are in possession (1	1) the certificate required by Cha	pter 304 of the
		head of the fire department for the	
of 2010.	the certificate of inquor hability	insurance required by Chapter 1	16 of the Acts
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:		•	
(If disapproved explain			
DATE:			
DITE.			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	09/4000/3		CITY OR TOWN P	II ISFIELD
APPLICATION FOR	RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAME:	PENNA-BREAULT, IN	IC.		
DOING BUSINESS A	JIMMY'S STONEBRI	DGE RESTAUR	ANT	
ADDRESS 112-18 W.	HOUSATONIC			
CITY/TOWN: PITTS	SFIELD S	STATE: MA	ZIP CODE:	01201
MANAGER: BREA	ULT, JOSEPHTYPE O	F LICENSE: Rest	aurant CAT	EGORY: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISES:			
FOUR ROOMS, STOR	RAGE IN CELLAR.			
•	ear under penalties of pe	•		
	l license will be of the sa	• 1		
	has complied with all la		_	xes; and
3. the premise	s are now open for busin	ness (If not explai	n below)	
CICNED DV				
SIGNED BY	Individual, Partner or A	uthorized Corpor	ate Officer	
DATE:	TELEPHONE NU	JMBER:	EMPLOYER ID	ENTIFICATION NUMBER:
			(Note: NOT Individ	lual Social Security Number)
We the undersigned.	attest that we are in p	ossession (1) the	certificate required l	by Chapter 304 of the
Acts of 2004, signed l	by the building inspect	or and the head	of the fire departmen	nt for the above
named license and (2 of 2010.	) the certificate of liqu	or liability insur	ance required by Ch	apter 116 of the Acts
Please Check Below: APPROVED:			LOCAL LICENSING	G AUTHORITY
DISAPPROVED:	7		By:	
(If disapproved explain	n)		-	
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 097400074		CITY OR TO	WN PITTSFIE	LD
APPLICATION FO	OR RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME DOING BUSINES: ADDRESS 1231 W	S A THE DRAGO	N RESTAURANT			
CITY/TOWN: PI	ГТSFIELD	STATE: M	A ZIP CODE	E: 01201	
MANAGER:	5	ΓΥΡΕ OF LICENSE:	Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF					
TWO DINING RO	OMS, KITCHEN,	SERV. STA,. RESTR	OOMS, 4 EXITS.		
	nises are now open	with all laws of the Co for business (If not ex tner or Authorized Co	xplain below)	ng to taxes; and	
DATE:	TELEPH	ONE NUMBER:		OYER IDENTIFICAT Individual Social S	
Acts of 2004, sign	ed by the building	are in possession (1) g inspector and the he e of liquor liability in	ead of the fire dep	partment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	]   blain)		LOCAL LIC By:	ENSING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 097400076	(	CITY OR TOWN PITTSFIELD	)
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	3
	CLASS	Y	EAR
LICENSEE NAME: Casey's Billiards E DOING BUSINESS A ADDRESS 501 DALTON AVENUE	Emporium LLC		
	CTATE. MA	ZID CODE. 01201	
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE: 01201	
,	PE OF LICENSE: Rest	aurant CATEGORY: A	All Alcohol
EMAIL ADDRESS:			
	EBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMI SINGLE STORY BILLIARD, APPROX SIDE EMERGENCY EXIT, TWO REST	. 4900 S/F, BAR ARE	A, FRONT/MAIN ENTRANCE/E	EXITS,
I hereby certify and swear under penalties	s of perjury that:		
1. the renewed license will be of	the same type for the s	same premises now licensed;	
<ul><li>2. the licensee has complied with</li><li>3. the premises are now open for</li></ul>		<u> </u>	
SIGNED BY Individual, Partner	r or Authorized Corpor	rate Officer	
DATE: TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICATIO (Note: NOT Individual Social Secu	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the head	of the fire department for the al	oove
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHOR By:	RITY
		-	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400080		CITY OR TOWN	PITTSFIELD	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: SENOR CHI	ILES,INC			
DOING BUSINESS A PANCHOS	MEXICAN RESTAURA	NT		
ADDRESS 156 NORTH ST				
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE:	01201	
MANAGER: PHILLIPS, TROY	TYPE OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	<u></u>	
DESCRIPTION OF LICENSED PI	REMISES:			
2 FLOORS STORAGE IN BASEM	IENT.			
I hereby certify and swear under pe	nalties of perjury that:			
1. the renewed license will	be of the same type for the	e same premises now	licensed;	
2. the licensee has complie	d with all laws of the Com	monwealth relating to	taxes; and	
3. the premises are now op	en for business (If not expl	ain below)		
SIGNED BY	Partner or Authorized Corp	orata Officar		
marviauai, i	arther of Authorized Corp	orace Officer		
DATE: TELEI	PHONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:	
1222	. 1101 (2) 1 (0) 112 21 (	(Note: NOT Ind	ividual Social Security Number)	
We the undersigned, attest that v Acts of 2004, signed by the build named license and (2) the certific of 2010.	ing inspector and the hea	d of the fire departi	nent for the above	
Please Check Below:		LOCAL LICENS	ING AUTHORITY	
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)		-		
		-		
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 097400081		CIT	Y OR TOW	N PITTSFIEL	LD.
APPLICATION FO	R RENEWAL:	Annua	ıl	LICE	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME:	: ITAM LODGE#564 (	ORDER SON	NS OF ITA	LY IN AME	RICA	
DOING BUSINESS	5 A					
ADDRESS 93 WAU	JBEEK RD.					
CITY/TOWN: PIT	TSFIELD	STATE:	MA	ZIP CODE:	01201	
MANAGER: Del MA	· · · · · · · · · · · · · · · · · · ·	OF LICENS	E:Club	•	CATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER Y	YOUR EMAIL A	DDRESS		
	DESCRIPTION OF LICENSED PREMISES:					
TWO FLOORS-1ST LOUNGE & KITCH	Γ. FLOOR LOUNGE DI HEN.	INING ROO	M, KITHC	EN, STORA	GE, BASMEN'	Γ,
I hereby certify and	swear under penalties of	f perjury that	:			
1. the renev	wed license will be of the	e same type f	or the same	premises no	w licensed;	
2. the licens	see has complied with al	l laws of the	Commonw	ealth relating	to taxes; and	
3. the prem	ises are now open for bu	isiness (If no	t explain be	elow)		
SIGNED BY	T 12 1 1 D .		G.	O CC'		
	Individual, Partner or	Authorized	Corporate	Officer		
DATE						
DATE:	TELEPHONE I	NUMBER:			ER IDENTIFICAT Individual Social So	
				(1401c. <u>1401</u> )	nurviduai Sociai S	eculity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe (2) the certificate of lic	ector and the	e head of t	he fire depai	tment for the	above
Please Check Below:			LO	OCAL LICEN	NSING AUTHO	ORITY
APPROVED:			Ву	<b>/</b> :		
DISAPPROVED:						
(If disapproved expl	ain)					
			_			
DATE:			_			



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LICENSE NUMBE	ER: 097400082		Cl	ΓY OR TO	WN	PITTSFIE	LD
APPLICATION FO	OR RENEWAL:	Annua	1	LI	CENS	ED FOR 2	013
		CLAS	S				YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 41 WE		IERICAN LEGI	ON INC				
CITY/TOWN: PI		STATE:	MΔ	ZIP COD	F.	01201	
	CKIE,SHAUN TY						All Alcohol
EMAIL ADDRESS	<b>:</b>						
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER Y	OUR EMAIL	ADDRESS			_
DESCRIPTION OF	F LICENSED PREM	ISES:					
2 FLOORS, 1ST. F LOUNGE, AUX.	LOOR BALL ROON	A LOUNGE KIT	HCNE, C	ELLAR B	AR, P	OOL ROO	M,
I hereby certify and	swear under penaltie	es of perjury that	:				
1. the rene	wed license will be of	f the same type for	or the sam	ne premises	s now 1	licensed;	
	see has complied wit				ting to	taxes; and	
3. the prem	nises are now open fo	r business (If not	t explain b	pelow)			
SIGNED BY	Individual, Partne	er or Authorized	Corporate	Officer			
DATE:	TELEPHOI	NE NUMBER:					TION NUMBER: Security Number)
Acts of 2004, sign	ed, attest that we ar ed by the building in I (2) the certificate o	nspector and the	e head of	the fire de	partn	ent for the	e above
Please Check Below:			L	OCAL LIC	CENSI	NG AUTH	IORITY
APPROVED:			В	sy:			
DISAPPROVED: (If disapproved exp	lain)		_				
(11 disappioved exp			_				
			_				
DATE:							
APPLICATION FOR RENI	EWAL MUST BE FILED BY	LICENSEES DURING	THE MONTI	H OF NOVEMI	BER (M.	G.L. Ch. 138 \$	16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 097400084		CITY OR TOWN	PITTSFIELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	PITTSFIELD ENT	ΓERTAINMENT LI	.C	
DOING BUSINESS	A GROOVE LOUN	NGE		
ADDRESS 17 WEN	NDELL AVE. EXT.			
CITY/TOWN: PIT	TSFIELD	STATE: MA	ZIP CODE:	01201
	IGLOIS, TY	PE OF LICENSE:R	estaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF		SES:		
BASEMENT LOUN				
•	swear under penalties			v licensod.
	wed license will be of see has complied with		_	
	ises are now open for		_	to taxes, and
	1			
SIGNED BY				
	Individual, Partner	r or Authorized Cor	oorate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004, signe	d by the building in	spector and the he	ad of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	- 1 - 1			
` 11 1	ain)			
	ain)			
DATE:	ain)			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400086		CITY OR TOWN	PITTSFIEL	.D
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: BERKSHIRE	COMMON CORPORA	ΓΙΟΝ		
DOING BUSINESS A CROWNE I	PLAZA-PITTSFIELD			
ADDRESS 1 WEST ST.				
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE:	01201	
MANAGER: Snow, Austin	TYPE OF LICENSE: In	nholder CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PR 175 ROOMS, 14 STORY HOTEL, I hereby certify and swear under per 1. the renewed license will 2. the licensee has complied 3. the premises are now open	BALLROOM, RESTAUL nalties of perjury that: be of the same type for the d with all laws of the Com	e same premises now amonwealth relating to alain below)	licensed;	
DATE: TELEP	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
We the undersigned, attest that w Acts of 2004, signed by the buildinamed license and (2) the certification of 2010.	ng inspector and the hea	nd of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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	CITY OR TOWN PITTSFIE	LD
Annual	LICENSED FOR 2	013
CLASS		YEAR
Y RESTAURANT LI	.C	
STATE: MA	ZIP CODE: 01201	
PE OF LICENSE: Res	taurant CATEGORY:	All Alcohol
EBSITE AND ENTER YOUR EM	IAIL ADDRESS	<u> </u>
SES:		
of perjury that:		
the same type for the	same premises now licensed;	
all laws of the Comm	nonwealth relating to taxes; and	
business (If not expla	in below)	
or Authorized Corpo	rate Officer	
E NUMBER:	EMPLOYER IDENTIFICA	
	(Note: NOT Individual Social	Security Number)
spector and the head	of the fire department for the	e above
	LOCAL LICENSING AUTH	IORITY
	By:	
	CLASS Y RESTAURANT LL  STATE: MA PE OF LICENSE: Res  EBSITE AND ENTER YOUR EM SES: PROX. 5,904 SQ. FT. E, 2 DINING ROOMS of perjury that: the same type for the all laws of the Commbusiness (If not expla  or Authorized Corpo  E NUMBER: in possession (1) the spector and the head	CLASS Y RESTAURANT LLC  STATE: MA ZIP CODE: 01201 PE OF LICENSE: Restaurant CATEGORY: PERSITE AND ENTER YOUR EMAIL ADDRESS SES: ROX. 5,904 SQ. FT. B LDG. STUCCO/WOOD E, 2 DINING ROOMS. of perjury that: the same type for the same premises now licensed; all laws of the Commonwealth relating to taxes; and business (If not explain below)  or Authorized Corporate Officer  E NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social in possession (1) the certificate required by Chapspector and the head of the fire department for the liquor liability insurance required by Chapter 11  LOCAL LICENSING AUTH



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LICENSE NU	MBER: 097400088		CITY OR TOWN PITTSFIE	ELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N.	AME: MAZZEO'S RE	STORANTE, INC.		
DOING BUSI	NESS A			
ADDRESS 7	WINTER ST.			
CITY/TOWN:	PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER:	MAZZEO, ANTHONY C.	ΓΥΡΕ OF LICENSE: Re	staurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	MISES:		
2 FLOORS,RE	ESTAURANT-KITCHE	N 2 BARS. 2 STORAG	E AREAS WALK IN COOLER	₹.
I hereby certify	y and swear under penal	ties of perjury that:		
1. the	renewed license will be	of the same type for the	e same premises now licensed;	
2. the	licensee has complied v	vith all laws of the Com	monwealth relating to taxes; and	
3. the	premises are now open	for business (If not expl	ain below)	
SIGNED BY	Individual, Part	ner or Authorized Corpo	orate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the building	inspector and the hea	e certificate required by Chap d of the fire department for th urance required by Chapter 11	e above
Please Check Belo	ow:		LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	ı ехріані <i>)</i>			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED F	BY LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 09/400089		CITY OR TO	JWN PILISFIE	LD
APPLICATION FOR	R RENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		C			
ADDRESS 485 DAL	TON AVENUE	<u> </u>			
CITY/TOWN: PITT	TSFIELD .	STATE: MA	ZIP COD	DE: 01201	
MANAGER: HASI	HIM, PAUL	TYPE OF LICENSE:Pa	ackage Store	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PRI	EMISES:			
ONE FLOOR TWO	ROOMS NO CE	ELLAR.			
I hereby certify and s	=				
		e of the same type for th	-		
	•	with all laws of the Com		iting to taxes; and	
3. the premis	ses are now oper	n for business (If not exp	lain below)		
SIGNED BY	Individual, Pa	rtner or Authorized Corp	oorate Officer		
DATE:	TELEPI	HONE NUMBER:		LOYER IDENTIFICA  OT Individual Social	
Please Check Below: APPROVED:				CENSING AUTH	IORITY
DISAPPROVED:			By:		
(If disapproved expla	in)		-	_	
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 097400091		CITY OR TOWN	PITTSFIELD	
APPLICATION	N FOR RENEWAL:	Annual	unnual LICENSED FOR 2013		
		CLASS		YEAR	
LICENSEE NA	AME: DMD ENTERPRI	SES, INC.			
DOING BUSIN	NESS A GEORGE'S LIQU	UOR STORE			
ADDRESS 21	ELM STREET				
CITY/TOWN:	PITTSFIELD	STATE: MA	ZIP CODE:	01201	
	GAROFANO, TY	PE OF LICENSE: Pac	kage Store CA	TEGORY: All Alcohol	
EMAIL ADDR	ESS:				
		EBSITE AND ENTER YOUR EM	AIL ADDRESS		
	N OF LICENSED PREMI				
	BRICK BUILDING-APPR		JLL BASEMENT, T	WO RESTROOMS	
	and swear under penalties renewed license will be of		sama pramicas now li	cansad:	
	licensee has complied with		=		
	premises are now open for		_	tures, una	
	· · · · · · · · · · · · · · · · · · ·		, 		
SIGNED BY					
	Individual, Partner	or Authorized Corpor	rate Officer		
DATE:	TELEPHON	IE NUMBER:		DENTIFICATION NUMBER:	
			(Note: <u>NOT</u> Indiv	ridual Social Security Number)	
Please Check Belo	w:		LOCAL LICENSII	NG AUTHORITY	
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 09/400092		CITY OR TOWN PITTSFII	ELD
APPLICATIO	N FOR RENEWAL:	: Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: DAWES AV	VE VARIETY, INC		
	9-21 DAWES AVE			
			7ID CODE: 01201	
	PITTSFIELD	~		
MANAGER:	O'DONNELL, TIMOTHY J.	TYPE OF LICENSE: P	Cackage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
1750 SQ. FT.,	STOREROOM 50 F	FT, 2 ENTRANCES,		
1. the 2. the	renewed license will licensee has complie		ne same premises now licensed; mmonwealth relating to taxes; and plain below)	1
SIGNED BY	Individual, l	Partner or Authorized Cor	porate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Beld APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT	HORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 09/400094		CITY OR TOWN PITTS	FIELD
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
DOING BUSII	AME: DMD ENTERNESS A GEORGE'S			
	ELM STREET			
CITY/TOWN:	PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER:	GAROFANO, DEREK A.	TYPE OF LICENSE:Pa	ckage Store CATEGOR	RY: All Alcohol
EMAIL ADDI	RESS:	-		
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
ONE FLOOR	STORAGE IN CELL	AR.		
	premises are now ope	n for business (If not expl		
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIF	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AU By:	THORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBEK: 09/400096		CITY OR TOWN PITTSF.	IELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
DOING BUSI	AME: MAZZEO'S NESS A MAZZEO'S 20 SOUTH ST	OF GREAT BARRINGTO S MEATS	ON INC	
		STATE: MA	ZIP CODE: 01201	
	PITTSFIELD			
MANAGER:	MAZZEO, MICHAEL	TYPE OF LICENSE: Pa	ackage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
GUIDOS FRE	SH MARKETPLAC	E, FRONT/ REAR ENTR	ANCES/EXITS	
3. the SIGNED BY		en for business (If not exp		
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Soci	
Please Check Beld APPROVED:			LOCAL LICENSING AUT By:	THORITY
OISAPPROVI (If disapproved				
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 097400097		CITY OR TOWN	PITTSFIEL	LD.
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	: RINKY ,INC.				
DOING BUSINESS	S A WILLIAMS ST. M	IARKET & DELI			
ADDRESS 740 WI	LLIAMS STREET				
CITY/TOWN: PIT	TSFIELD	STATE: MA	ZIP CODE:	01201	
MANAGER: RAJ M.	ENDRA,SHAH TYPI	E OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	ES:			
SINGLE STORY S' ENTRANCE/EXIT	TORE APPROX. 1760	SQ. FT.STORE IN	V PLAZA FRONT/R	EAR	
2. the licens	wed license will be of the see has complied with a see are now open for be	all laws of the Com	nonwealth relating to		
SIGNED BY	Individual, Partner of	or Authorized Corpo	orate Officer		
D 4 500					
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved expl	ain)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	CITY OR TOWN PITTSFIELD				LD.	
APPLICATION FOR RENEWAL:			Annual LICENSED FOR			)13
		CLA	SS			YEAR
LICENSEE NAME:	ELY KATHRYN S					
DOING BUSINESS	A K & K DISCOUNT	Γ LIQUORS				
ADDRESS 1220 NO	ORTH STREET					
CITY/TOWN: PIT	ΓSFIELD	STATE:	MA	ZIP CODE:	01201	
MANAGER:	TYPE	E OF LICEN	SE:Packa	ge Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEB LICENSED PREMISE		YOUR EMAII	ADDRESS		
<ol> <li>the renew</li> <li>the licens</li> </ol>	swear under penalties of red license will be of the ee has complied with a ses are now open for b	e same type Il laws of the	for the sar	nwealth relating		
SIGNED BY	Individual, Partner of	or Authorized	l Corporat	e Officer		
DATE:	TELEPHONE	NUMBER:			R IDENTIFICAT dividual Social S	
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)			LOCAL LICEN	SING AUTHO	ORITY
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	09/400099		CITY OR TOWN	PITISFIELD
APPLICATION FOR	RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 711 TYLE		QUORS & VARIETY	, INC	
CITY/TOWN: PITTS	SFIELD	STATE: MA	ZIP CODE:	01201
MANAGER: PEASI M.	LEE, CARA TY	YPE OF LICENSE: Pa	ckage Store CA	ΓEGORY: All Alcohol
EMAIL ADDRESS:				
PI	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION OF LEONE ROOM STREET				
2. the licensee	has complied wis are now open for	* *		
	individual, Partne	er of Authorized Corp	orate Officer	
DATE:	TELEPHO	NE NUMBER:		DENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOCAL LICENSIN	idual Social Security Number)  NG AUTHORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400100		CITY OR TOWN PITTSFIE	LD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: ZUKE'S SOUP DOING BUSINESS A ADDRESS 381 WEST STREET	& VARIETY, LLC		
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER: ZUCCO, ELIZABETH G.	ГҮРЕ OF LICENSE: Pack	cage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PRE 2 STORY GROCERY STORE, FROM I hereby certify and swear under penal 1. the renewed license will be 2. the licensee has complied w 3. the premises are now open	NT & REAR ENTRANCE Ities of perjury that: of the same type for the swith all laws of the Comm	same premises now licensed; onwealth relating to taxes; and	
SIGNED BY Individual, Part	tner or Authorized Corpor	rate Officer	
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA' (Note: <u>NOT</u> Individual Social S	
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 09/400101		CITY OR TOWN PITTSF	IELD
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR	2 2013
		CLASS		YEAR
	AME: DESIDERA NESS A WHEELE	TA PACKAGED GOODS R'S VARIETY	LLC	
ADDRESS 16	54 NORTH STREE	T		
CITY/TOWN:	PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER:	BABICH, GREGORY J.	TYPE OF LICENSE: P	ackage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED P	REMISES:		
ONE FLOOR,	STORAGE IN CEI	LLAR, GARAGE.		
3. the SIGNED BY		pen for business (If not exp		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUT	ΓHORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 09/400103		CITY OR TO	INN PILISTI	ELD
APPLICATION FOR	R RENEWAL:	Annual	L	CENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1245 HO	A SEAN'S VARIE	ETY			
CITY/TOWN: PITT	rsfield	STATE: MA	ZIP COD	E: 01201	
MANAGER: PRES	STON, GARY TY	YPE OF LICENSE:P	ackage Store	CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:					
j	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I					
SINGLE STORY BU ENTRANCES FOR I		X 5500 SQFT. 1 MA	IN ENTRANCE	E/EXIT. THREE	BACK
	ses are now open fo	th all laws of the Cor or business (If not exp er or Authorized Cor	plain below)	ting to taxes, and	
	,	•			
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICA  OT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LIG	CENSING AUTI	HORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	97400104		CITY OR TOWN	PITTSFIEL	LD.
APPLICATION FOR RENEWAL: Annual			LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: COUNG BUSINESS A		D MARKET			
ADDRESS 93 WEST H					
CITY/TOWN: PITTSI		STATE: MA	ZIP CODE:	01201	
MANAGER: FLYNN W.		OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLE	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		J
DESCRIPTION OF LIG	CENSED PREMISES	S:			
APPROX 2400 FT RET	ΓAIL SPACE IN OA	SIS PLAZA, TWO	O ENTRANCES AN	ID EXITS	
I hereby certify and swe	ear under penalties of	perjury that:			
1. the renewed	license will be of the	same type for the	same premises now	licensed;	
2. the licensee	has complied with all	laws of the Com	nonwealth relating to	taxes; and	
3. the premises	are now open for bus	siness (If not expl	ain below)		
SIGNED BY	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:			EMBI OVER		TON NUMBER
DATE.	TELEPHONE N	NUMBER:	(Note: NOT Ind		ION NUMBER: ecurity Number)
			( <u></u> <u></u>	i vidual Social S	ocurry (various)
Please Check Below:			LOCAL LICENIC	ING AUTU	DITY
APPROVED:			LOCAL LICENS	ING AUTHO	JRII Y
DISAPPROVED:			By:		
(If disapproved explain)	)				
* *					
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 097400106		CITY OR TOWN PITTSFII	ELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA DOING BUSI		ACKAGE & VARIETY I	INC.	
ADDRESS 30	7 TYLER STREET			
CITY/TOWN:	PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER:	GIAN, CHRISTOPHER C.	TYPE OF LICENSE: Pa	ckage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRI	EMISES:		
2500 SQ. FT. 1	RETAIL AND STORA	AGE AREA.		
	premises are now open	n for business (If not expl		
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION (Note: <u>NOT</u> Individual Social	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTI By:	HORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400107		CITY OR TOWN	PITTSFIEL	LD.
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
	CLASS			YEAR
LICENSEE NAME: GANSHYAM	INC.			
DOING BUSINESS A HARTE'S PA	ACKAGE & VARIETY			
ADDRESS 47 DALTON AVE.				
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE:	01201	
MANAGER: SHAH, PINAL	TYPE OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PRIFRONT & REAR ENTRANCES, CO I hereby certify and swear under pena 1. the renewed license will b 2. the licensee has complied 3. the premises are now open	DOLER IN BACK OF BL alties of perjury that: be of the same type for the with all laws of the Comm	same premises now nonwealth relating to		
SIGNED BY Individual, Pa	rtner or Authorized Corpo	rate Officer		
DATE: TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 09/400108		CITY OR TOWN PIT	ISFIELD
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
DOING BUSI	AME: DESIDERATA I	CKAGE STORE	LLC	
	8 WAHCONAH STREE			-04
CITY/TOWN:	PITTSFIELD	STATE: MA		201
MANAGER:	BABICH, T GREGORY J.	YPE OF LICENSE:Pa	ckage Store CATEO	GORY: All Alcohol
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PREN WITH STORAGE IN C			
2. the	licensee has complied w premises are now open f	ith all laws of the Com		
DATE:	TELEPHO	ONE NUMBER:		NTIFICATION NUMBER:
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING By:	AUTHORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0974001	09	CITY OR TOWN PI	ΓTSFIELD
APPLICATION FOR RENEW	AL: Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: HASHIM	IS PKG STORE,INC		
DOING BUSINESS A			
ADDRESS 140 WEST HOUSE	ATONIC		
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE: 01	1201
MANAGER: HASHIM, PAU	L M. TYPE OF LICENSE:P	ackage Store CATE	GORY: All Alcohol
EMAIL ADDRESS:			
2. the licensee has com	R, STORAGE IN CELLAR.	nmonwealth relating to tax	
SIGNED BY Individu	al, Partner or Authorized Cor	porate Officer	
DATE: TE	LEPHONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING By:	S AUTHORITY
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	097400110		CI	TY OR TOWN	PITTSFIEL	LD.
APPLICATION FOR I	RENEWAL:	Annu	al	LICENS	SED FOR 20	)13
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS A	WEST STREE	T WINE & SPIR	uts			
ADDRESS 200 WEST						
CITY/TOWN: PITTS	FIELD	STATE:	MA	ZIP CODE:	01201	
MANAGER: GARIV GEORG		YPE OF LICEN	SE:Packag	e Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		-
DESCRIPTION OF LI	CENSED PREM	IISES:				
ONE FLOOR BACK F	ROOM FOR STO	ORAGE-STORA	GE IN CE	LLAR.		
I hereby certify and swe	ear under penalti	es of perjury tha	t:			
1. the renewed	l license will be o	of the same type	for the sam	ne premises now	licensed;	
2. the licensee	has complied wi	ith all laws of the	Common	wealth relating to	taxes; and	
3. the premises	s are now open fo	or business (If no	ot explain ł	pelow)		
SIGNED BY	Individual, Partn	ner or Authorized	l Corporate	Officer		
DATE:	TELEPHC	ONE NUMBER:		EMPLOYER (Note: <u>NOT</u> Indi		TION NUMBER: ecurity Number)
Please Check Below: APPROVED:				OCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:	7		В	By:		
(If disapproved explain	ı)		-			
	•		=			
DATE:			=			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

	CITY OR TOWN PITTSFIEL	.D			
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 20	13			
CLASS	•	YEAR			
LICENSEE NAME: SHACAR ENTERPRISES					
DOING BUSINESS A Wahconah PACKAGE & VARIET	Y				
ADDRESS 1 WILSON STREET					
CITY/TOWN: PITTSFIELD STATE: MA	ZIP CODE: 01201				
MANAGER: SHACAR, ANN M. TYPE OF LICENSE:	Package Store CATEGORY:	Wine and Malt Regular			
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS				
DESCRIPTION OF LICENSED PREMISES:	0D + GE				
ONE LARGE ROOM FOR BUSINESS, CELLAR FOR STORAGE.					
I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for t	ha sama pramisas now licansad:				
2. the licensee has complied with all laws of the Co.	=				
3. the premises are now open for business (If not ex					
	r · · · · · · · · · · · · · · · · · · ·				
SIGNED BY	•				
SIGNED BY Individual, Partner or Authorized Con	•				
	•				
Individual, Partner or Authorized Con	porate Officer				
	porate Officer  EMPLOYER IDENTIFICATI				
Individual, Partner or Authorized Con	porate Officer				
Individual, Partner or Authorized Con	porate Officer  EMPLOYER IDENTIFICATI				
Individual, Partner or Authorized Condition  DATE: TELEPHONE NUMBER:  Please Check Below:	EMPLOYER IDENTIFICATI (Note: NOT Individual Social Se	ecurity Number)			
Individual, Partner or Authorized Condition  DATE: TELEPHONE NUMBER:  Please Check Below: APPROVED:	eporate Officer  EMPLOYER IDENTIFICATI  (Note: <u>NOT</u> Individual Social Se	ecurity Number)			
DATE: TELEPHONE NUMBER:  Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATI (Note: NOT Individual Social Se	ecurity Number)			
Individual, Partner or Authorized Condition  DATE: TELEPHONE NUMBER:  Please Check Below: APPROVED:	EMPLOYER IDENTIFICATI (Note: NOT Individual Social Se	ecurity Number)			
DATE: TELEPHONE NUMBER:  Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATI (Note: NOT Individual Social Se	ecurity Number)			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 09/400112		CITY OR TOWN	N PILISTIE	LD
APPLICATIO1	N FOR RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
DOING BUSI	AME: PRICE CHOPPER NESS A PRICE CHOPPE			ETTS	
ADDRESS 55	5 HUBBARD AVE				
CITY/TOWN:	PITTSFIELD	STATE: MA	ZIP CODE:	01201	
MANAGER:	BRODERICK, TY	PE OF LICENSE: Pac	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
-	N OF LICENSED PREMI SUPERMARKET	SES:			
	licensee has complied with premises are now open for  Individual, Partner		ain below)	to taxes; and	
DATE:	TELEPHON	IE NUMBER:		ER IDENTIFICA Individual Social S	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBEK: 09/400119		CITY OR TOWN PITTSFIE	SLD
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: COSTANZO NESS A 0-82 ONOTA STRI			
CITY/TOWN:	: PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER:	COSTANZO, ANTHONY F,	TYPE OF LICENSE:P	ackage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED F	PREMISES:		
2100 SQ. FT.,	1ST FL. AND BAS	SEMENT FOR STORAGE		
2. the	licensee has compli premises are now o	• •		
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 097400125		CITY OR TOWN	PITTSFIEL	LD.
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: R.L. PARROT	T,INC.			
DOING BUSIN	ESS A A-MART				
ADDRESS 524	A NORTH ST				
CITY/TOWN:	PITTSFIELD	STATE: MA	ZIP CODE:	01201	
	PARROTT, RAYMOND L	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
	OF LICENSED PRI				
	TORAGE IN BASM				
•	and swear under pena	alties of perjury that: be of the same type for the	a cama pramicae now	licensed:	
		with all laws of the Com	_		
	=	n for business (If not expl	=	, tanes, and	
SIGNED BY					
	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:					
DATE:	TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
			(* ***** <u>* * * *</u> * ****	Tridual Boolal Bo	county (vanioe)
Please Check Below	<u>v:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:   DISAPPROVEI			By:		
(If disapproved			-		
rr -	· /				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 09/400129		CITY OR TOWN P	I I STIELD
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSEI	O FOR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSII ADDRESS 22		IC.		
CITY/TOWN:	PITTSFIELD	STATE: MA	ZIP CODE: 0	1201
MANAGER:	PALMER, LAWRENCE	TYPE OF LICENSE: Pa	ackage Store CATE	EGORY: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PRE STORAGE IN CELLA			
2. the	licensee has complied premises are now oper	* *		
DATE:	TELEPH	HONE NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING By:	G AUTHORITY
DATE:				



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LICENSE NUMBER:	097400136		CITY OR TO	OWN PITTSFIEI	LD
APPLICATION FOR I	RENEWAL:	Annual	Ll	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 692 TYLE	PIZZA HOUSE	RPRISES INC.			
CITY/TOWN: PITTS		STATE: N	1A ZIP COD	E: 01201	
MANAGER: DOUH		PE OF LICENSE		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR W	EBSITE AND ENTER YO	UR EMAIL ADDRESS		J
DESCRIPTION OF LI	CENSED PREMI	SES:			
FRONT AND REAR I STORAGE, BASEME		DE DOOR EMER	GENCY EXIT, D	INING AREA, KI	TCHEN,
3. the premise SIGNED BY	s are now open for  Individual, Partner	business (If not o		ung to taxes; and	
DATE:	TELEPHON	IE NUMBER:		OYER IDENTIFICAT  OT Individual Social S	
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building in	spector and the	head of the fire de	partment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOCAL LIG	CENSING AUTH	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 097400141		CITY OR TOWN	PITTSFIEL	LD.
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NA	ME: JK HEALEY INC	C.			
DOING BUSIN	TESS A WEST END PA	ACKAGE & VARIETY	7		
ADDRESS 157	5 WEST HOUSATONI	C			
CITY/TOWN:	PITTSFIELD	STATE: MA	ZIP CODE:	01201	
	HEALEY, KELLY T'M.	YPE OF LICENSE: Pac	ekage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION	OF LICENSED PREM	IISES:			
	G.STORE SPACE APP OUSATONIC ST.2ND.			ΓRANCE/EΣ	ďΤ
3. the p	oremises are now open for	or business (If not explored er or Authorized Corpo			
	,				
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below APPROVED:	<u>v:</u>		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED.	D:		By:		
(If disapproved					
DATE:					



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LICENSE NUMBEI	R: 097400142		CITY OR TOWN PITTSFI	ELD
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	BRULLE'ES, LLC			
DOING BUSINESS	A			
ADDRESS 41 NOR	TH STREET			
CITY/TOWN: PIT	TSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER: PEC TH I	KHAM,KENNE TYPE B.	OF LICENSE: Resi	taurant CATEGORY	: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISE	S:		
	OMS, A BAR & BANQ EAR EXITS/EGRESSI		I A MAIN ENTRANCE FAC AY ST.	ING
I hereby certify and	swear under penalties o	f perjury that:		
1. the renew	ved license will be of the	e same type for the	same premises now licensed;	
2. the licens	see has complied with a	ll laws of the Comm	onwealth relating to taxes; and	d
3. the premi	ises are now open for bu	usiness (If not expla	in below)	
SIGNED BY				
	Individual, Partner o	r Authorized Corpor	rate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFIC. (Note: <b>NOT</b> Individual Socia	
			(Note: 1101 Individual Socia	1 Security Number)
Acts of 2004, signe	d by the building insp	ector and the head	certificate required by Cha of the fire department for the cance required by Chapter 1	ne above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:	-:)			
(If disapproved expl	aiii)			
DATE:				



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LICENSE NUMBER: 09740014	3	CITY OR TOWN PITTSFI	ELD
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: JOHNNIE DOING BUSINESS A ADDRESS 360 PECKS ROAD	'S VARIETY INC.		
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER: HOSPOT, KUR			: All Alcohol
	- THE OF LICENSE.	CATEGORI	All Alcohol
EMAIL ADDRESS:	ISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED KITCHEN, 3 ENTRANCES/EX			- -
2. the licensee has comp 3. the premises are now SIGNED BY	vill be of the same type for th		d
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUT	HORITY
DATE: APPLICATION FOR RENEWAL MUST BE	FILED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 S	\$ 16A)



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LICENSE NU	MBER: 097400144		CITY OR TOWN PITTSFIE	ELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: APPLE NEV NESS A 5 HUBBARD AVE.	V ENGLAND LLC		
	: PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER:	MURGO, JONATHAN	TYPE OF LICENSE: Ro		: All Alcohol
EMAIL ADDI	RESS:			
DESCRIPTIO	PLEASE ALSO VISIT N OF LICENSED PH	OUR WEBSITE AND ENTER YOUR PREMISES:	EMAIL ADDRESS	
2. the	licensee has complie	* *	e same premises now licensed; nmonwealth relating to taxes; and lain below)	
SIGNED BY	Individual, P	Partner or Authorized Corp	porate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the buildi	ing inspector and the hea	he certificate required by Chap ad of the fire department for th urance required by Chapter 11	e above
Please Check Bel APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 097400145		CITY (	OR TOWN	PITTSFIEL	.D
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	APOSTOLOS' REST	ΓAURANT, IN	C.			
DOING BUSINESS	A PAUL'S RESTAU	RANT & PIZZ	A			
ADDRESS 157 SEX	YMOUR STREET					
CITY/TOWN: PIT	TSFIELD	STATE: N	MA ZIP	CODE:	01201	
MANAGER: PAR	RASTATIDIS, TYPE OSTOLOS	OF LICENSE	:Restaurant	Cz	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YO	OUR EMAIL ADDRI	ESS		1
DESCRIPTION OF	LICENSED PREMISE	ES:				
	TCHEN, PREP KITCH INFRONT OF PREM		E, 2 EXITS,	TWO RES	TROOMS,	
I hereby certify and	swear under penalties o	f perjury that:				
	ved license will be of th		_			
	see has complied with a			Ū	o taxes; and	
3. the prem	ises are now open for b	usiness (If not	explain belov	V)		
CICNED DV						
SIGNED BY	Individual, Partner o	r Authorized C	Corporate Off	icer		
DATE:	TELEPHONE	NUMBER:		EMPLOYER	DENTIFICAT	ION NUMBER:
			(N	ote: NOT Ind	ividual Social So	ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building insp (2) the certificate of li	ector and the	head of the f	fire departı	nent for the	above
Please Check Below:			LOCA	AL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	am)					
DATE:						



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LICENSE NUM	IBER: 097400150		CITY OR TOWN PITTSFIELD	
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013	
		CLASS	YEAR	
LICENSEE NA DOING BUSIN ADDRESS 508		z RESTAURANT, L	LLC	
CITY/TOWN:		STATE: MA	ZIP CODE: 01201	
	BILIS, THEODORE TYP			lcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PREMIS	ES:		
	ESTAURANT, STORAG		ONT AND REAR ENTRANCE AND	
<ol> <li>the re</li> <li>the li</li> </ol>		he same type for the all laws of the Comr	e same premises now licensed; monwealth relating to taxes; and ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NUMBERS (Note: NOT Individual Social Security N	
Acts of 2004, s	igned by the building ins	pector and the head	te certificate required by Chapter 304 of the fire department for the above arance required by Chapter 116 of the	
Please Check Below APPROVED: DISAPPROVED (If disapproved	D:		LOCAL LICENSING AUTHORITY By:	
DATE:				
APPLICATION FOR I	RENEWAL MUST BE FILED BY LIC	CENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)	



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LICENSE NUMBER:	J97400157		CITY OR TO	WN PITTSFIEL	עב
APPLICATION FOR I	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CANDLE LANES	INC.			
DOING BUSINESS A					
ADDRESS 255 NORT	H STREET				
CITY/TOWN: PITTS	FIELD	STATE: MA	ZIP CODE	E: 01201	
MANAGER: ASLAN	N, GEORGE TYP	E OF LICENSE: Re	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LI					
BOWLING ALLY LOBUILDING.	CATED ON SECO	ND AND THIRD F	FLOORS OF A (	COMMERCIAL	
I hereby certify and swo	oor under penalties	of porium that			
• •	•	he same type for the	s same nremises	now licensed:	
		all laws of the Com	-		
	_	business (If not expl		ing to tanes, and	
	1	` 1			
SIGNED BY					
]	Individual, Partner	or Authorized Corp	orate Officer		
D. 1975					
DATE:	TELEPHONI	E NUMBER:		OYER IDENTIFICAT	
			(Note: NO	T Individual Social S	security Number)
We the undersigned,					
Acts of 2004, signed by named license and (2)					
of 2010.	the certificate of	nquor nabinty inst	mance required	by Chapter 110	of the Acts
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	]		•		
(If disapproved explain	)				
DATE:					



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LICENSE NUM	BER: 097400160		C	ITY OR TOW	N PITTSFIEL	LD
APPLICATION	FOR RENEWAL:	Annua	al	LIC	ENSED FOR 20	)13
		CLAS	SS			YEAR
	ME: MANZO RISTOR ESS A TRATTORIA RU ORTH STREET					
CITY/TOWN:	PITTSFIELD	STATE:	MA	ZIP CODE:	01201	
MANAGER: D	OAVIDE MANZO TYI	PE OF LICENS	SE: Restar	urant	CATEGORY:	All Alcohol
EMAIL ADDRE	SS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAI	L ADDRESS		J
DESCRIPTION	OF LICENSED PREMI	SES:				
<ol> <li>the res</li> <li>the lic</li> </ol>	nd swear under penalties newed license will be of tensee has complied with emises are now open for	the same type in all laws of the	for the sa	nwealth relatin		
SIGNED BY	Individual, Partner	or Authorized	Corpora	te Officer		
DATE:	TELEPHON	IE NUMBER:			YER IDENTIFICAT Individual Social S	
Acts of 2004, sig	gned, attest that we are gned by the building in and (2) the certificate of	spector and th	e head o	f the fire depa	artment for the	above
Please Check Below: APPROVED:  DISAPPROVED (If disapproved e	):			LOCAL LICE By:	ENSING AUTHO	ORITY
DATE:						
APPLICATION FOR RI	ENEWAL MUST BE FILED BY L	JCENSEES DURING	3 THE MON	TH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 16	5A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 097400170		CIT	TY OR TOW	N PITTSFIEI	LD
APPLICATION FO	OR RENEWAL:	Annua	ıl	LICE	ENSED FOR 20	013
		CLAS	S			YEAR
	E: NORTH STREETS A SPICE DRAGO 7 North St		ACE LLC			
CITY/TOWN: PI	TTSFIELD	STATE:	MA	ZIP CODE:	01201	
	RNSTEIN, TY	YPE OF LICENS	E:Restaur	ant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OUR		YOUR EMAIL	ADDRESS		
DESCRIPTION OI	F LICENSED PREM	ISES:				
2. the licer	wed license will be onsee has complied winises are now open for Individual, Partne	th all laws of the or business (If no	Commony t explain b	wealth relating		
Acts of 2004, sign named license and	TELEPHO ned, attest that we an ed by the building i d (2) the certificate o	nspector and th	e head of	(Note: <u>NOT</u> rtificate requ the fire depa	rtment for the	er 304 of the above
of 2010.						
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	]    lain)			OCAL LICE	NSING AUTH	ORITY
DATE:			_			



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LICENSE NUMBER	: 09/4001/1	(	CITY OR TOWN	PHISTIE	עב
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	Deol & gill, inc				
DOING BUSINESS A	A The House of Ind	ia			
ADDRESS 261 North	ı St				
CITY/TOWN: PITT	SFIELD	STATE: MA	ZIP CODE:	01201	
MANAGER: Banga	, Kathleen TYI	PE OF LICENSE: Resta	aurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	SES:			
	MP ENTRANCE A	SQ FT IN CENTRAL CCESSIBLE FROM L			
2. the license	e has complied with	the same type for the s all laws of the Commo business (If not explai	onwealth relating		
SIGNED BY	Individual, Partner	or Authorized Corpor	ate Officer		
DATE:	TEI EPHON	E NUMBER:	EMPLOYE	R IDENTIFICAT	TON NUMBER:
	TEELITON	L WOWIDER.	(Note: NOT In	dividual Social S	Security Number)
Acts of 2004, signed	by the building in	in possession (1) the spector and the head liquor liability insura	of the fire depart	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					



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LICENSE NU	MBER: 097400184		CITY OR TOWN PI	TTSFIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSEI	O FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: The Colonial Th	neatre Association, Inc		
DOING BUSI	NESS A The Colonial 7	Theatre		
ADDRESS 10	9-111 SOUTH ST			
CITY/TOWN:	PITTSFIELD	STATE: MA	ZIP CODE: 0	1201
MANAGER:	MAGUIRE, T KATHLEEN	CYPE OF LICENSE: Ge	eneral on CATE emise	EGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	MISES:		
Three floor per	rforming art center, lobb	y, restrooms on each fl	oor, main entrance and e	xit on south st
I hereby certify	y and swear under penalt	ties of perjury that:		
1. the	renewed license will be	of the same type for the	e same premises now lice	ensed;
2. the	licensee has complied w	ith all laws of the Com	monwealth relating to ta	xes; and
3. the	premises are now open	for business (If not exp	lain below)	
SIGNED BY	Individual, Part	ner or Authorized Corp	orate Officer	
DATE.				
DATE:	TELEPHO	ONE NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
Acts of 2004,	signed by the building	inspector and the hea	ne certificate required b d of the fire departmen urance required by Cha	it for the above
Please Check Belo	ow:		LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
(11 disappioved	a explain)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED B	Y LICENSEES DURING THE N	MONTH OF NOVEMBER (M.G.L.	. Ch. 138 \$ 16A)



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LICENSE NUM	BER: 097400192		CITY OR TOWN PITTSFII	ELD
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAN	ME: MISSION RES	STAURANTS INC.		
DOING BUSINE	ESS A MISSION BA	AR AND TAPAS		
ADDRESS 438 1	NORTH STREET			
CITY/TOWN:	PITTSFIELD	STATE: MA	ZIP CODE: 01201	
	BENSON JR., AMES W.	TYPE OF LICENSE: Res	staurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PRE	MISES:		
			N NORTH STREET & AN EXI DEWALK CAFÉ TABLES.	T IN
I hereby certify a	nd swear under pena	lties of perjury that:		
1. the re	newed license will be	e of the same type for the	same premises now licensed;	
2. the lic	censee has complied	with all laws of the Comr	nonwealth relating to taxes; and	l
3. the pr	emises are now open	for business (If not explain	ain below)	
SIGNED BY				
	Individual, Par	tner or Authorized Corpo	orate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, sig	gned by the building	g inspector and the head	e certificate required by Chap d of the fire department for the trance required by Chapter 1	ie above
Please Check Below:	<u>:</u>		LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	xpiain)			
DATE:				



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LICENSE NUMBER:	.097400198		CITY OR TOWN PI	ITSFIELD
APPLICATION FOR	RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	MALAYSIAN FL	AVOURS,LLC		
DOING BUSINESS A	A FLAVOURS			
ADDRESS 75 NORT	H STREET			
CITY/TOWN: PITT	SFIELD	STATE: MA	ZIP CODE: 01	1201
MANAGER: ZUNI J.	TCH,DANIEL TY	PE OF LICENSE: Re	staurant CATE	GORY: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMI	ISES:		
KITCHEN, DINING F LOCATED ON MCK			). FT. ENTRANCES/EX	ITS ARE
I hereby certify and sv	vear under penaltie	s of perjury that:		
1. the renewe	d license will be of	f the same type for the	same premises now lice	nsed;
2. the license	e has complied with	h all laws of the Com	monwealth relating to tax	xes; and
3. the premise	es are now open for	r business (If not expl	ain below)	
SIGNED BY				
	Individual, Partne	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:		NTIFICATION NUMBER:
			(Note: NOT Individu	al Social Security Number)
Acts of 2004, signed	by the building in	spector and the hea	e certificate required by d of the fire department arance required by Cha	t for the above
Please Check Below:			LOCAL LICENSING	S AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explai	11)			
DATE:				



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LICENSE NUMBE	ER: 097400199		CITY OR TOWN	PITTSFIELD
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: SHIRO LOUNG	E INC.		
DOING BUSINESS	S A			
ADDRESS 38-48 N	NORTH STREET			
CITY/TOWN: PI	TTSFIELD	STATE: MA	ZIP CODE:	01201
MANAGER: YU	,HAIDONG T	YPE OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREM	MISES:		
ONE FLOOR CON AND APPROX.1,8		FRONT ENTRANCE	AND ONE REAR E	NTRANCE/EXIT
I hereby certify and	l swear under penalt	ies of perjury that:		
1. the rene	wed license will be	of the same type for the	e same premises now	licensed;
	=	ith all laws of the Com	_	o taxes; and
3. the prem	nises are now open f	or business (If not expl	ain below)	
SIGNED BY	Individual. Partr	ner or Authorized Corp	orate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
DATE:	TELEPHO	ONE NUMBER:		L IDENTIFICATION NUMBER:
We the undersign Acts of 2004, sign	ed, attest that we a	re in possession (1) thinspector and the hea	(Note: <u>NOT</u> Ind ne certificate require d of the fire departi	ividual Social Security Number) ed by Chapter 304 of the
We the undersign Acts of 2004, sign named license and of 2010.	ed, attest that we a	re in possession (1) thinspector and the hea	(Note: <u>NOT</u> Ind ne certificate require d of the fire departi nrance required by	ed by Chapter 304 of the nent for the above
We the undersign Acts of 2004, sign named license and of 2010.  Please Check Below: APPROVED:	ed, attest that we a	re in possession (1) thinspector and the hea	(Note: <u>NOT</u> Ind ne certificate require d of the fire departi nrance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersign Acts of 2004, sign named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	ned, attest that we a ed by the building d (2) the certificate	re in possession (1) thinspector and the hea	(Note: NOT Indicate required of the fire department of the fire department of the Note of	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersign Acts of 2004, sign named license and of 2010.  Please Check Below: APPROVED:	ned, attest that we a ed by the building d (2) the certificate	re in possession (1) th	(Note: NOT Indicate required of the fire department of the fire department of the Note of	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersign Acts of 2004, sign named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	ned, attest that we a ed by the building d (2) the certificate	re in possession (1) th	(Note: NOT Indicate required of the fire department of the fire department of the Note of	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersign Acts of 2004, sign named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	ned, attest that we a ed by the building d (2) the certificate	re in possession (1) th	(Note: NOT Indicate required of the fire department of the fire department of the Note of	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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LICENSE NUMBER: 0974	00200		CIT	Y OR TOWN	PITTSFIEL	D.
APPLICATION FOR REN	EWAL:	Annua	ual LICENSED FOR 2013			13
		CLAS	S		,	YEAR
LICENSEE NAME: BEADOING BUSINESS A ADDRESS 47-53 NORTH		MENT,INC				
CITY/TOWN: PITTSFIE		STATE:	MA 2	ZIP CODE:	01201	
MANAGER: VALENTE			SE:Restaura		ATEGORY:	All Alcohol
EMAIL ADDRESS:  PLEASE  DESCRIPTION OF LICEN	ALSO VISIT OUR WEBSIT		YOUR EMAIL AE	DDRESS		
A 6 SCREEN CINEMA CE CONCESSION AREA WIT ENTRANCES/EXITS ON	ΓΗ A BAR ON TH	HE SECON				D A
I hereby certify and swear u	inder penalties of p	perjury that	:			
1. the renewed lice 2. the licensee has 3. the premises are	complied with all	laws of the	Commonwe	ealth relating to		
SIGNED BY Indiv	vidual, Partner or A	Authorized	Corporate (	Officer		
DATE:	TELEPHONE N	UMBER:		EMPLOYER (Note: NOT Ind	IDENTIFICAT	
We the undersigned, atterdates of 2004, signed by the named license and (2) the of 2010.	e building inspec	tor and th	e head of th	ie fire departi	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LC By	CAL LICENS	ING AUTHO	DRITY
DATE:			_			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	1: 097400203		CITY OR TOWN PITTSFIE	LD
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 75 NORT	A		MPANY,INC.	
CITY/TOWN: PITT	ΓSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER:	TY	PE OF LICENSE: Re	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION OF I				
FIRST LOCATED II EXIT/EGRESS FOR			ENTRANCE AND REAR	
I hereby certify and s	wear under penalties	s of perjury that:		
1. the renew	ed license will be of	the same type for the	e same premises now licensed;	
2. the license	ee has complied with	h all laws of the Com	monwealth relating to taxes; and	
3. the premis	ses are now open for	r business (If not expl	lain below)	
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004, signed	by the building in	spector and the hea	ne certificate required by Chap d of the fire department for the urance required by Chapter 11	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENSING AUTH By:	ORITY
DATE:				



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LICENSE NUMBER: 09/	400206		CIT	OK TOV	VN PILISFIE	LD
APPLICATION FOR REN	NEWAL:	Annua	al	LIC	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME: MA	RKET HOLD	ING, INC.				
DOING BUSINESS A Y	BAR					
ADDRESS 391 NORTH S	STREET					
CITY/TOWN: PITTSFIE	ELD	STATE:	MA Z	ZIP CODE	: 01201	
MANAGER: BENSON, W. JR.	JAMES TY	PE OF LICENS	SE: Restaurai	nt	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEASI	E ALSO VISIT OUR W	VEBSITE AND ENTER	YOUR EMAIL AD	DRESS		
DESCRIPTION OF LICE	NSED PREMI	SES:				
A DINING ROOM WITH MAIN FRONT AND SID			STORAGE (	CELLAR A	APPROX 1500 S	SQ FT.
I hereby certify and swear	under penalties	s of perjury that	t <b>:</b>			
1. the renewed lic	ense will be of	the same type i	for the same	premises 1	now licensed;	
2. the licensee has	s complied with	h all laws of the	Commonwe	ealth relati	ng to taxes; and	
3. the premises ar	e now open for	business (If no	t explain bel	low)		
SIGNED BY						
Ind	ividual, Partne	r or Authorized	Corporate C	Officer		
DATE:	TELEPHON	NE NUMBER:		EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
				(Note: NOT	Individual Social S	Security Number)
We the undersigned, att Acts of 2004, signed by t named license and (2) th of 2010.	the building in	spector and th	e head of th	e fire dep	artment for the	above
Please Check Below:			LO	CAL LICI	ENSING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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LICENSE NUMBE	ER: 097400209		CITY OR TOWN PITTSFIE	LD
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME	E: JOAD BOWMAN	Į.		
DOING BUSINESS	S A THISTLE AND	MIRTH		
ADDRESS 44 WES	ST ST			
CITY/TOWN: PIT	ΓTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER: BO	WMAN,JOAD TY	TPE OF LICENSE: Res	ctaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	3:			
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
	F LICENSED PREMI			
APPROX 1100 SF PARKING LOT	WITH FRONT DOO	R FACING WEST ST	T AND BACK DOOR LEADIN	G TO
I hereby certify and	swear under penaltie	s of perjury that:		
1. the rene	wed license will be of	the same type for the	same premises now licensed;	
2. the licen	see has complied with	h all laws of the Comn	nonwealth relating to taxes; and	
3. the prem	nises are now open for	r business (If not expla	nin below)	
SIGNED BY				
	Individual, Partne	er or Authorized Corpo	rate Officer	
DATE:				
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA' (Note: NOT Individual Social S	
			individual bocial i	security (varioer)
Acts of 2004, sign	ed by the building in	spector and the head	e certificate required by Chap l of the fire department for the rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:	]		By:	
DISAPPROVED:				
(If disapproved exp	olain)		-	
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400210	CITY OR TOWN PITTSFIELD
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: BERKSHIRE HOSPITALITY GRO	OUP LLC
DOING BUSINESS A MAD JACKS BBQ	
ADDRESS 295 NORTH STREET	
CITY/TOWN: PITTSFIELD STATE: N	MA ZIP CODE: 01201
MANAGER: POWELL, JABARI TYPE OF LICENSE L.	E:Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
DINING AREA, BAR AREA WITH SEPARATE KITCH BATHROOMSMAIN ENTRANCE/EXITEMERGEN KITCHEN	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for	•
2. the licensee has complied with all laws of the C	•
3. the premises are now open for business (If not	explain below)
SIGNED BY Individual, Partner or Authorized C	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.	head of the fire department for the above
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
T.C. DDD CITED	
DISAPPROVED: (If disapproved explain)	
DISAPPROVED: [ (If disapproved explain)	